

THE AMA NEWS

published by The AMERICAN MEDICAL ASSOCIATION

January 26, 1959

The Newspaper of American Medicine

Capsules of the NEWS..

Malpractice: Sir Ernest Rock Carling, president of Britain's Medical Protection Society Ltd., reports that "probably as high as 70%" of the malpractice suits in his country arise out of incidents in hospitals. This corresponds with situation in U. S. where an AMA survey showed almost 70% of malpractice suits stem from hospital occurrences.

Medicare: Medicare's only serious complaint about physicians is that they don't send in bills fast enough. As a result, five months elapse before 90% of the claims are received. See story page 14.

GP Placement: A recent study by the Placement Service of California Medical Assn. shows that it is five times easier for a GP to be placed than for a specialist.

Seat Belts: Safety belts in automobiles could save at least 19,000 lives in the U. S. each year and reduce injuries by 50%, a Cornell University research group estimates.

MDs Popular: A survey by Elmo Roper on public's attitudes toward hospitals in New York City shows MDs received the highest rating of all personnel serving in hospitals. See story page 14.

Waistline: The weight problem is the biggest health hazard in a congressman's life, according to Dr. George W. Calver, attending physician to the Congress. To help fight the battle of the bulge, a special low-calorie diet menu is being served in the U. S. Senate Restaurant for the first time in years.

Prescriptions: Average price of a prescription is \$2.90. Total annual outlay per American for prescription items is about \$11. Average American spends \$54 a year for alcoholic beverages, \$32 for tobacco, \$18 for the repair, greasing, washing, parking, rental, and storage of cars.

Heart: Persons with heart and blood vessel disease should be vaccinated against influenza, according to joint statement by American Heart Assn. and U. S. Public Health Service. Dangers of influenza are greater for patients with heart or lung disease than for others.

Nurses: In the last 50 years the legal responsibilities of nurses have been widened. See story page 8.

First Medical Reactor

Cancer Is Prime Target

Nuclear medicine will reach another milestone soon when the world's first nuclear reactor designed for medical use is put into operation.

The 1,000-kilowatt reactor is a major part of the new Medical Research Center at Brookhaven National Laboratory, Upton, L. I., N. Y.

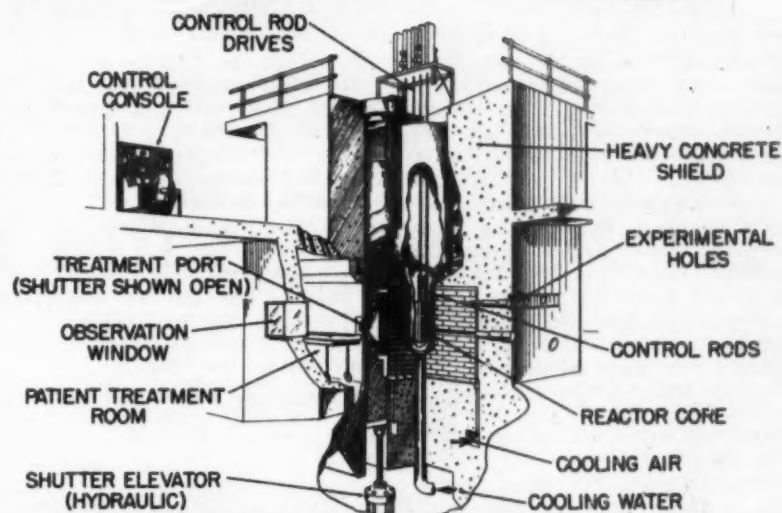
Dedicated last month, the \$6.5 million center gleams with the tools and knowledge born of the atomic age. In addition to the medical reactor, it has a main laboratory building for studies on medical applications of atomic energy, a hospital service area, and four 12-bed nursing units.

A major use of the powerful beams of neutrons from the reactor core will be for cancer therapy.

Brookhaven, using a general research reactor, pioneered the experimental use of reactor-originated neutrons for treatment of some types of brain tumors.

In neutron capture therapy, the patient is given an injection of a boron compound, sodium pentaborate. A beam of neutrons is directed at the brain tumor the moment the boron is concentrated there.

When the neutrons strike the boron nuclei, short-range radiations are produced which can destroy tumorous



MAJOR COMPONENTS of the first medical research reactor are shown in this cutaway drawing. Reactor is housed separately in a steel building 60 feet in diameter and 54 feet high.

tissue with minimal damage to surrounding healthy tissue.

Dr. Lee E. Farr, medical director, says the treatment still is in the research stage but results to date have been promising.

The new reactor is expected to deliver a treatment beam having a neu-

tron intensity about 50 times as great as that provided by the general research reactor.

This will reduce the exposure time and make possible wider medical applications of neutrons and greater flexibility of treatment.

(See Reactor, Page 2)

Crash Diets for Athletes Termed Dangerous, Unfair

Crash diets and drying out by high school wrestlers and boxers trying to make a certain weight class are to be condemned, states the American Medical Association's Committee on Injury in Sports.

The National Federation of State High School Athletics Assns. joined

the AMA committee in the statement. Most of the nation's high schools are members of the federation.

An unannounced "weighing in" at the beginning of the season is called for by the committee and the federation. A boy should remain throughout the season in the class established for him at the "weighing in."

Wrestling Increases: The groups also suggested an increased number of weight classes for athletes to minimize the advantage of making a certain class.

"Wrestling is the fastest growing sport among high schools," explained Clifford Fagan, executive secretary of the federation. "About 2,500 high schools have added wrestling in the past two years. We soon will have half the nation's high schools competing in interscholastic wrestling."

Fagan could recall only two states that permit interscholastic boxing in high schools, Idaho and Oregon.

Two additional weight classes suggested for high school wrestlers are for boys under 95 pounds and for those 166 to 180 pounds. Many freshman boys weigh under 100 pounds and find wrestling the only sport in which they can participate, said Fagan.

Weight Classes: Top weights for wrestling classes now are 103 pounds, 112, 120, 127, 133, 138, 145, 154, 165

(See Diets, Page 2)

Magazine Hits Hospital Care

"A hospital is not a fit place in which to be sick," is the opening statement of an article entitled, "A Report on Hospitals," appearing in the Feb. 3 issue of a national magazine (*Look*).

The article is based on a survey sponsored by the California Medical Assn. (See *The AMA News*, Sept. 22, 1958). Purpose of the CMA survey was to ascertain what happens in some hospitals that results in a high incidence of malpractice actions.

As soon as the magazine appeared on newsstands, the American Hospital Assn. and the American Medical Association took issue with the article in a joint release.

Dr. F. J. L. Blasingame, executive vice president of the AMA, said, "By taking isolated examples from a limited survey and drawing general inferences from them, *Look* not only has done a grave injustice to the medical profession and to hospitals but to the readers of the magazine."

He said, "The blanket condemnation of all hospitals, based on a survey of five hospitals out of 5,460, is deplorable. Actually, the survey reported a tremendous degree of patient satisfaction, the lowest figure being 94 percent. This was not mentioned in the *Look* article."

Eight hospitals were examined in the study, but only five cooperated in supplying information.

"While the article purportedly calls

(See Magazine, Page 2)

HEW Budget Is \$3.1 Billion

The Eisenhower administration is asking Congress for \$3.1 billion to run the Department of Health, Education and Welfare for the fiscal year starting July 1.

Reflecting the President's goal of a balanced budget, the new total is \$52 million less than the appropriations for this fiscal year, including requested supplemental appropriations.

Largest single cut was in the Hill-Barton hospital construction program. A total of \$101.2 million is requested as against \$186.2 million voted by the last Congress.

The budget also proposes less spending for health research facilities, waste treatment works, and mental health facilities in Alaska.

The next issue of *AMA News* will contain a table showing all important health items in the new budget.

Cuban Physicians Hail 'Wonderful' Victory

"It's wonderful! We are all very happy!"

This was the way Dr. Angel Reaud summed up his feelings when *The AMA News* telephoned him at the Cuban Medical Assn. headquarters in Havana shortly after the triumph of Fidel Castro's rebel forces.

Dr. Reaud, a member of the association's executive committee, explained:

"About 98% of the 6,500 doctors in Cuba had been against the government of Fulgencio Batista and many of them were leaders in the underground. There were also some 40 doctors with the rebel army during the fighting.

Doctors Exiled: "Batista had persecuted hundreds of doctors for treating the rebel wounded during the fighting. More than 100 physicians were exiled and many were jailed.

"Two physicians—Dr. Antonio Cullido of Havana and Dr. Jorge Ruiz of Santa Clara—were murdered by Batista for treating wounded rebels.

"Naturally, after all this, we're tremendously happy with the victory of the rebel forces."

Work of WMA: Dr. Reaud said the Cuban Medical Assn. was "very grateful to the World Medical Assn. and particularly to Dr. Louis Bauer for helping us." He added:

"Dr. Bauer, as secretary-general of the World Medical Assn., gave a tremendous amount of support to us during the last two years.

"He brought Batista's persecution of Cuban physicians to the attention of the general assembly of the World Medical Association and the International Red Cross. We want to recognize Dr. Bauer's splendid services to the Cuban Medical Association."

AMA Thanked: Dr. Reaud also thanked the American Medical Association for its support and described Dr. F. J. L. Blasingame, executive director, as "a very good friend of Cuba."

Dr. Reaud reported that from a medical standpoint "everything is under control and we don't need any special shipment of supplies."

Asked what he expects from the provisional government of Castro-appointed president, Manuel Urrutia, Dr. Reaud replied:

"We look for the best in the way of health. This includes education, building hospitals, and improvements in public health. During the past year, Batista did nothing."

University to Reopen: He said Havana University, which formerly graduated 250 physicians annually, "will reopen shortly." It had been closed during the three years of strife.

Among doctors who were leaders in the anti-Batista movement were Dr. Ernesto Guevara, an Argentine and one of Castro's top commanders, and Dr. Armando Fleites of Havana, No. 2 man in the Second National Front Army, a revolutionary group separate from Castro's guerrilla army.



"I had my girdle on backwards."

Reactor . . .

(Continued from Page 1)

The reactor has two ports on opposite sides which permit streams of neutrons to pass through the heavy concrete shielding wall into treatment rooms—one for patients and one for experimental animals.

A third side of the reactor is equipped for the general irradiation of large objects and the fourth has tubes—"rabbit holes"—leading into the reactor core to permit irradiation of various materials for diagnostic purposes and for making short-lived radioisotopes.

The availability of these isotopes at the hospital site where they can be used quickly will make possible a broad range of medical investigations into fundamental body processes.

The reactor will have enriched uranium fuel elements and will be cooled and moderated by ordinary water.

A physicist-reactor operator will manipulate the control console under direction of staff physicians. The patient will be under direct visual control of the physician at all times.

Dr. Irons, Hurt In Holdup, Dies

Dr. Ernest Edward Irons, 81, who as president of the American Medical Association in 1949-50 led the fight against socialized medicine, died of a heart attack Jan. 18 in Chicago.

His son, Dr. Edwin Irons, said his father had never recovered from spinal injuries he suffered Nov. 19 when two bandits knocked him down and robbed him of \$1 in change.

The senior Irons was a tireless campaigner against federal health insurance programs which he said were "nothing but socialized medicine, and socialized medicine is the first step in the regimentation of nations."

He was elected to the AMA Board of Trustees in 1941 and served as the board's secretary until he was chosen president-elect in 1948.

At the time of his death, Dr. Irons was president of the Municipal Tuberculosis Sanitarium Board of Directors. He reorganized the tuberculosis sanitarium and was presented the Chicago Medal of Merit and the first annual Tuberculosis Institute medal in 1958.

Dr. Irons was born Feb. 17, 1877, on a farm near Council Bluffs, Iowa, and was graduated from Rush Medical College in 1903. He was dean of Rush Medical College from 1924 to 1936.

A general practitioner for 56 years, Dr. Irons had made important contributions in research, especially in focal infection, iritis, and rheumatic diseases.

He is survived by another son, Spencer E. Irons, an attorney, and six grandchildren.

Magazine . . .

(Continued from Page 1)

for better physician-patient relationships," Dr. Blasingame pointed out, "it actually harms the patient's confidence in the care he will receive from his physician and in the hospital, so essential for the best medical care. The article cannot help but increase the natural insecurity of the afflicted and the suffering."

Dr. Blasingame also stated that the article violates the basic concepts of sound reporting.

"Matters such as these cannot be considered adequately or accurately covered until both sides of the question are reported with fidelity and without distortion," he said.

"The medical and hospital professions have been sincere in devoting their efforts to a continuing program of self-improvement designed to benefit our patients," he concluded. "We welcome constructive suggestions to help us do even better. For the sake of our patients, we must object to those things we believe will be harmful."

Dr. Edwin L. Crosby, director of AHA, termed the article's opening sentence "an outrageous misstatement."

"This statement is disproved by an abundance of evidence; the growing acceptance by the public of the hospital as the place to get well; the direct relationship between the drop in maternal mortality rates and the rate of hospitalization for childbirth," Dr. Crosby said.

In a letter to the publisher of the magazine, Dr. Crosby said the article "devotes much space to patient dissatisfaction . . . yet the very study he quotes is at odds with his findings."

Diets . . .

(Continued from Page One)

and unlimited. Fagan said there is some variation among states.

Boys going on crash diets several times a year to make these weight classes led to the statement issued by the AMA committee and the federation.

"Under the strong motivation and appeal of sports" the diets and drying out may be carried to great extremes, said the two groups. "Such efforts are not consistent with the spirit of sport in that they tend to defeat regulations designed to insure fair and equitable competition."

The crash diets, "sometimes approaching the starvation level," also are condemned from a health standpoint. "Disturbing the fluid balance of the body by drying out holds serious health hazards," the statement adds.

"These dangers are intensified in the immature organism of the growing adolescent athlete. They are also intensified by periodic weighings which encourage the athlete to resort to such practices at frequent intervals during the season," the groups point out.

Best Guarantee: No plan of classification of athletes is infallible, the two groups admit, but they believe their recommended changes "provide the best guarantee of equitable competition with a healthful experience for the participants."

Under the present system in which crash diets are used, an athlete may be competing in a class below that in which he rightfully belongs, or a boy competing in his proper class may be pitted against much heavier boys who "made" the weight below their real class, the groups declared.

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Role of Research To Be Discussed

Specialism in medicine and its affect on medical education and the role of research in medical education will be the main discussion topics at the 55th annual Congress on Medical Education and Licensure Feb. 7-10 in Chicago.

More than 1,000 medical educators, hospital administrators, government officials and others interested in medical education will attend the Congress which is sponsored by the American Medical Association's Council on Medical Education and Hospitals. Other sponsors are the Advisory Board for Medical Specialties, and the Federation of State Medical Boards of the United States.

Among the speakers who will discuss aspects of specialism in the opening session on Feb. 8 are Paul M. Gross, Ph.D., vice president of Duke University; Moody E. Prior, Ph.D., dean of Northwestern University Graduate School; Dr. Iago Galdston, secretary of the New York Academy of Medicine Committee on Medical Information; Dr. S. Marsh Tenney, Dartmouth Medical School, and Dr. Herman E. Pearce, University of Rochester School of Medicine and Dentistry.

The role of research will be discussed Feb. 9 by Conrad A. Elvehjem, Ph.D., president of the University of Wisconsin; Dr. William H. Hubbard Jr., New York University College of Medicine; Dr. James A. Shannon, director of the National Institutes of Health, and Dr. Warde B. Allan, Johns Hopkins University School of Medicine.

Workshop conferences will follow each of these sessions.

The opening day of the Congress will be devoted to the third annual examination institute held by the Federation of State Medical Boards of the U.S. Standards of medical examining boards in physiology, preventive medicine, biochemistry, and internal medicine will be discussed.

The Federation's annual dinner will be Feb. 9 with Dr. Gunnar Gundersen, AMA president, as the principal speaker.

Dr. E. B. Tuohy Dies at Age 50

Dr. Edward B. Tuohy, 50, of Los Angeles, a member of AMA's House of Delegates representing the section on anesthesiology, died Jan. 9 after a brief illness.

Dr. Tuohy, who was credited with many innovations and technical advances in his field, was a past president of the American Society of Anesthesiologists, Inc., and a former professor of surgery (Anes.) at Georgetown University, Washington, D. C.

He served on the staff of Mayo Clinic from 1945-47, was a lieutenant colonel in the Army Medical Corps Reserve, served three years in World War II, and at the time of his death was professor of surgery (Anes.) at the University of Southern California Medical School.

He attended University of Minnesota and received his MD at the University of Pennsylvania.

Besides his widow and three children, he is survived by his father, Dr. Edward L. Tuohy, formerly of Duluth, Minn., now of Los Angeles.



A POCKET KNIFE was used by Dr. W. E. Colbeth, Adrian, Mich., to carve the case for this grandfather's clock. He made it as a birthday present for his wife. The black walnut came from an old pump organ and the clock face was one which the physician took in partial payment of a bill. The 89-year-old physician has practiced medicine for 66 years and still maintains office hours and makes a few calls.

Industrial Health Plans

The "serious lack of occupational health services in this country" will be discussed by Dr. John D. Porterfield, deputy surgeon general, U.S. Public Health Service, at the 19th annual Congress on Industrial Health.

The Congress will be Feb. 16-18 at the Netherland Hilton Hotel at Cincinnati, Ohio. About 350 people are expected at the Congress sponsored by the Council on Industrial Health of the American Medical Association. Co-sponsors are Cincinnati Academy of Medicine and Ohio State Medical Assn.

Dr. Porterfield's address, "Today's Challenge in Occupational Health," will be given at the annual banquet, Feb. 16. The annual award of the President's Committee on Employment of the Physically Handicapped

will be presented at the banquet.

Dr. Porterfield told *The AMA News* he will discuss the need for more aggressive leadership in meeting the lack of occupational health services. He said he will discuss the situation in small plants where 70% of American workers are employed without industrial medical protection.

Dr. Robert A. Kehoe of Cincinnati will act as chairman of the panel discussion which will open the Congress. Members will discuss education and training for physicians, most of them general practitioners, who take care of the majority of American workers.

Dr. C. W. Shilling, of the Atomic Energy Commission, Washington, D.C., will address a joint meeting Feb. 17 with the Cincinnati Academy of Medicine.

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AMA NEWS

The Newspaper of American Medicine

Published under auspices of the Board of Trustees

JANUARY 26, 1959 • VOLUME 2 • NUMBER 2
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Editorial Viewpoint

Medical Legislation

Less than three weeks have elapsed since the 86th Congress convened, but already hundreds of bills have been introduced and are working their way through the legislative labyrinth.

If this early activity is indicative of things to come, we can expect from 20,000 to 25,000 bills to be dumped into the hopper before the session ends.

How many of the bills will be of direct concern to medicine and physicians is anybody's guess. But if there is a continuation of the congressional trend of devoting more and more time to legislation of a medical nature, there may be as many as 1,000 bills with medical implications.

More bills were introduced in the 85th Congress than in any of the preceding 10 congresses. And you'll recall that out of the 20,604 legislative measures considered, 704 were of interest to medicine. Twenty-six of these were enacted into law.

This points up the growth of government, and the increasing role which the federal government is playing in our daily lives.

Too many of us have been complacent while the philosophy of big government has taken root and flourished. By our silence we have acquiesced in more government paternalism as a replacement for individual responsibility.

The attempts by government to solve more and more of our personal and community problems have resulted in the great increase in the number of bills considered each year by Congress.

As government becomes bigger and more powerful, the individual is in real danger of being dwarfed by the bigness and being reduced to a statistic.

While it is easy to say it can't happen here, we have seen it happen in some other countries.

During the last few years Congress has considered a variety of medical measures. Some were in the best interests of the public and medicine. Many were not. A few would have taken away the free practice of medicine as we know it today.

Therefore, it is well to remember what Dr. David Allman, immediate past president of the AMA, once said, "Any government big enough to give you everything you want is big enough to take away everything you have."

The physicians of America, and those in medicine's allied fields, no longer can afford to be complacent. Like men in other professions, they must keep informed of legislation pending before our law-making bodies, and speak out when bills are not in the best interests of the public.

And today it isn't enough to be concerned only with local legislation. Figures clearly indicate the increasing importance of national legislation as compared with the legislative activities of our states and communities.

We have never had a more urgent need to keep abreast of national legislation, determined to defend what we believe to be in the best public interest.

Nothing Serious

• After landing on earth, the first person a Martian saw was Brigitte Bardot. Said the visitor from outer space: "Take me to your leader . . . later."

• A kangaroo went to see a psychiatrist and the doctor asked him what his trouble was. "I really don't know," answered the kangaroo. "I just don't feel jumpy any more."

• Someday we all may have money to burn. The stuff is almost cheaper than fuel right now.—*Chang-ing Times*.

• Optimist: A man who, instead of feeling sorry he can't pay his doctor bill, is glad he isn't the doctor.

• One reason fat men are always good natured is because they can neither fight nor run.

Modern Age Spread



Malpractice Suits

Editor & Publisher

Jim Reed, editor of *The AMA News*, a publication of the American Medical Association, says editors should postpone publication of news about malpractice suits until the accused doctor has had his day in court.

Several editors agree with this view expressed by the former editor of the *Topeka (Kan.) Daily Capital*, in a symposium on the question of "playing fair with doctors" in the *Bulletin of the American Society of Newspaper Editors*. Others make a practice of publishing news of all lawsuits when the complaints are filed.

Reed said it had been his policy on the *Topeka* newspaper to withhold news of the filing of a damage claim against a medical practitioner until the case had been tried in court. Now, as an AMA editor, he asked "wherein does the greatest public interest lie?"

"The answer to a malpractice suit may not be filed for months or even years," Reed wrote. "Meantime, the physician who may later be proved innocent may have his reputation damaged immeasurably. For publishing such a story about a doctor is tantamount to conviction in the minds of many people. And how often is 'equal space' given when a 'not guilty' verdict is reached or when the case is tossed out of court because of lack of evidence?"

The problem had been posed by John Sutlive, editor of the *Savannah (Ga.) Evening Press*. The *Bulletin* reported views of other editors as follows:

Avoid using such suits until they come up in court.—A. H. Kirchhofer, *Buffalo (N.Y.) Evening News*.

No stories of malpractice charges before trial, "unless it is a notorious quack whom we would like to see run out of town."—Frank Ahlgren, *Memphis (Tenn.) Commercial Appeal*.

Most damage suits against individuals are not handled until they come to trial.—S. L. Latimer, *Columbia (S.C.) State*.

Suits against doctors handled like all others, with extreme care.—Frank Angelo, *Detroit (Mich.) Free Press*.

When a case gets into court we cover it but not before; naturally there are exceptions.—Alton T. Slitter, *Troy (N.Y.) Record*.

When suits are filed in federal or state courts, we print information about them at once.—Miles H. Wolff, *Greensboro (N.C.) Daily News*.

We print the story when the suit is filed in the belief that when news is temporarily suppressed rumors that are worse than the fact fly fast.—Elmer F. Cunningham, *Wilmington (Del.) Journal-Every Evening*.

Generally stay away from court suits until the action starts before a judge and/or jury.—Orville E. Lomoe, *Duluth (Minn.) Herald and News Tribune*.

Quotes in the NEWS

Dr. George W. Calver, attending physician to the Congress for 30 years: "Fat is the number one health hazard in this country—it destroys people as surely as disease."



Retirement Clubs

• All of the physicians whom I have talked to are very pleased with *The AMA News*. It gives us a chance to air our thoughts on other than medical subjects, and keeps us informed on many happenings, which could not be incorporated in the *Journal*.

I am writing this to hear what you and your staff think about getting an expression from our members as to establishing two homes, or perhaps a better word would be two Caduceus Clubs; one in Florida, and the other in lower California, for the care of retired physicians and their wives. When there were vacancies in the clubs, physicians and families could vacation there at a modest cost.

How can we finance these clubs without the slightest burden on any practicing physician? Just let the AMA add \$10 annually to our dues. This, I believe, would give us about \$2,000,000.00 a year. In two years we would have \$4,000,000.00, which I believe would provide adequate facilities to begin with. As to maintenance of these two clubs, a million dollars each would probably be all that is needed.

I believe that we have the best and most humane organization in the U.S.; always planning and working for others, but we forget our own when they are old or infirm, and cannot leave enough to take care of their widows. Should such a project be favorable to our members and AMA staff, then I believe it should not be on a voluntary basis, as the young man would not be looking so far ahead. It should cover all members during his working years. Who knows—but the physician having a feeling of security for himself and his wife might reduce our high cardiovascular death rate.

J. F. HOOKER, MD.

Atlanta, Ga.

(Editor's Note: Paid AMA membership on Dec. 31, 1958, was 139,420. A dues increase of \$10 a member would bring in \$1,394,200 additional revenue.)

Single Copies Abroad

• The booksellers in Durban and other centers in the Union of South Africa are having difficulty in obtaining single copies of American medical publications.

For example I have at least half a dozen new editions on order since February. Bulk orders, however, are coming through but I understand that the agents on your side are not interested in single orders.

I quite appreciate the business aspect of the problem but for those of us who teach and write it presents a real problem.

We should be most grateful for any suggestions you may have to offer.

B. CROWHURST ARCHER, MD.

Durban, South Africa

(Editor's Note: Any suggestions?)

Seat Belt Program

• I was interested in your article in *The AMA News* on "Three Groups Launch Seat Belt Drive." As an orthopedic surgeon I have been interested in this for some time and plan in the near future to present to our staff a program regarding some of this type of material.

WILLARD H. LOVE, MD.

Danville, Pa.

The *AMA News* is published every-other-Monday by the American Medical Association, 535 North Dearborn St., Chicago 10, Ill. Telephone: WHIttehall 4-1500. The Association, however, does not necessarily endorse all of the material appearing in the *News*.

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Naturopathy Hit In School Study

Naturopathic schools do not appear to have the faculties, equipment or physical facilities which would adequately train their students to engage in a complete practice of the healing arts, says a report by the University of Utah's Bureau of Economic and Business Research.

"... it appears that degrees have been granted by schools not on academic achievement but rather to fulfill state licensing requirements," the report concludes.

The study was made for the Utah Legislative Council which is preparing a measure to insure better schooling of naturopaths. The bill is to be introduced in the 1959 session of the State Legislature.

Devastating Blow: Dr. U. R. Bryner, Salt Lake City, president of the Utah State Medical Assn., told a meeting of officers of component societies that "this study is probably the most devastating blow ever dealt to naturopathy."

"One of the more important results to emerge from this study is that there are virtually no schools now teaching naturopathy," states the Utah report.

Utah has 73 naturopath licensees in good standing. Forty-five of them have Utah addresses.

Nine in Existence: Of the 26 schools investigated in the study, only nine were in existence in the fall of 1958. Of these nine, only three are granting naturopathic degrees and two others are teaching naturopathy.

Of the schools investigated—in California, Oregon, Ohio, and Colorado—not one maintains an in-patient hospital or places their students in a hospital, says the report. Most of the schools have small outpatient clinics.

"In addition to the absence of hospital training most of the schools lack space, rooms, laboratories, and equipment necessary to teach some of the basic courses associated with the healing art's sciences," say the Utah researchers.

Part-Time Faculties: The number of actual class hours reported is misleading, says the study. Out of a total of 4,290 clock hours required by one school, the student received only 1,226 to 1,839 hours of supervised instruction. Members of the faculties of most of the schools were on a part-time basis.

There is no one accrediting agency with an established set of standards to accredit the schools teaching naturopathy, the Utah report points out. The study showed that some degrees were granted to students after one, two or three months study at the graduating school when the student had transferred from another school not teaching naturopathy.

Fugitive From FBI Held in California

Physicians who had been asked by the FBI to help in apprehending Daniel William O'Connor, can relax their vigilance.

O'Connor, 30, one of the FBI's Ten Most Wanted Fugitives, was picked up recently on a routine petty theft warrant near San Diego, Calif.

Doctors had been asked to be on the lookout for O'Connor who has degenerative arthritis to a minor degree. His picture and description had appeared in the Oct. 6 issue of *The AMA News*.

Family Living Old Age Research Program Urged



Linkletter and Dr. Bortz

Cards, Golf And Ladies

Dr. Edward L. Bortz of Philadelphia, past president of the AMA, was interviewed recently on the Art Linkletter "House Party" television program.

Dr. Bortz, in Los Angeles to speak at the Second Annual Conference on Family Security, was the 73rd member of the AMA to appear on the show in the past seven years.

Interviewed on advances in the field of geriatrics, Dr. Bortz' off-the-cuff answers appeared to delight the audience and Linkletter.

At one point, a woman asked Dr. Bortz if ladies over 70 should just sit and play cards or play golf.

"That's an excellent question," replied Dr. Bortz. "I think that one lady on her feet is worth three on their seats."

Linkletter says he finds doctors on his show are "interesting, informative and, when the occasion demands it, extremely witty."

Cancer Control Is TV Subject

Showmanship and information will be combined in a weekly series of television programs on cancer control. The half-hour programs will start Feb. 10 over National Broadcasting Co. educational stations.

Dr. Charles Cameron, dean of the Hahnemann Medical College of Philadelphia and former medical director of the American Cancer Society, will act as medical authority for the NBC series.

The program will be shown from 10:30 to 11 p.m., EST, on the educational stations. NBC affiliated stations will carry the series on a delayed basis at later dates.

Others who will assist in the series include Alfred Hitchcock, Jim Backus, Ruth Hussey, Stephen Bosustow, creator of "Mr. Magoo," and Walt Kelly, creator of "Pogo."

Another NBC medical program, *MD International* shown on *The March of Medicine* Jan. 23, 1958, was given a Christopher Television Award as creative work suitable for the entire family.

The film was produced by the American Medical Assn. in cooperation with Smith, Kline & French.

The time is appropriate for a long range research program of old age, Dr. Edward L. Bortz, Philadelphia, told a recent Conference on Family Living at Disneyland, Calif.

He said such a research program should be directed to:

- "A detailed clinical and health appraisal of those approaching present retirement age limits to ascertain their physical and mental status," and to

- "Study ways and means to keep all older people active so that they may continue as contributing members of society."

Dr. Bortz, who was president of the American Medical Association in 1948, also called for mobilizing information already available to prevent much disease and deterioration. "It is possible to delay the break in family circles by premature death if we mobilize the information now available," he said.

In addition to studying the tone of a muscle to determine the health status of a person, Dr. Bortz suggested the mind tone and the family tone also be studied.

"The well adjusted elder has much to contribute to his immediate family; he should have an active part in the community life," the physician declared. "We can develop a generation of senior citizens unlike any before us in any previous era."

Instead of emphasizing chronological age the more accurate estimate of an individual is his biological or fitness performance capacity, Dr. Bortz said. "The barriers of age retirement must be re-examined, and thought now should be directed to the second career," he added.

He called for medicine to consider the impact of disease on the family, not just the individual. Acute diseases are now less important than long term disorders and the necessity for their prompt control.

2 Aged Care Meetings Planned

Two conferences have been scheduled for 1959 by the Joint Council to Improve the Health Care of the Aged.

A working conference for officers and staff members of the four sponsoring organizations will be Feb. 20-21 at the American Hospital Assn. headquarters in Chicago.

The first national conference for the Joint Council will be June 12-14 at the Sheraton Park Hotel, Washington, D. C. This meeting is expected to

attract 500 people to plan for joint effort in the field of care for the aged.

The American Medical Association, at the request of the Joint Council, will ask presidents of state medical societies to encourage formation of state joint councils.

Joining with AMA and AHA in sponsoring the Joint Council are the American Dental Assn. and the American Nursing Home Assn.

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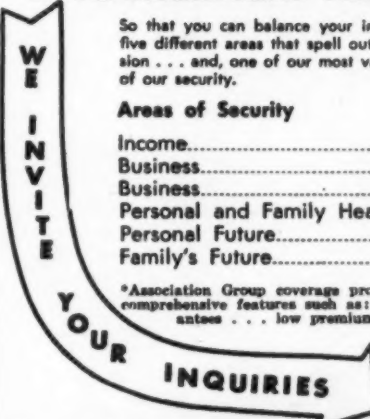
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On the Legislative Front

The 86th Congress hasn't been in session long enough to pass any legislation—or even to get serious about any—but it is off to a business-like start.

Already thousands of bills have been introduced, including a score of the old familiar health measures and a number of new ones. Committees, necessarily slow in organizing because this is a new Congress, shortly will get down to the detailed work of sorting the wheat from the chaff.

The grand total of all bills dropped in the hopper the first day was around 2,000, close to a record. The Senate has an unwritten rule that no bills are introduced until after the President's State of the Union message, meaning a two-day delay.

Some bills never get past the referral-to-committee stage. Others may be the subject of subcommittee hearings and nothing more. The more popular measures may emerge from committees and receive favorable action on the floor of either House or Senate. A bill passed by one chamber must still go through the committee process in the other.

Wide Range: The shower of health-medical bills on the opening days touched on a wide range of problems, some new, some old.

Congressmen Keogh and Simpson introduced measures which were identical to HR9 (Keogh Bill) as enacted by the House last year. These measures would permit the self-employed to defer income tax payments on money put into retirement funds. Federal control over handling of barbiturates and amphetamines, long under discussion, again was formally proposed.

One representative wants the U. S. to stimulate building of diagnostic and treatment centers in rural areas, another wants to eliminate the age 50 rule for disability pensions under social security, opening up the list to disabled of any age.

Health Insurance: Annually certain lawmakers propose that a federal agency be set up to work with the handicapped, a proposal that always is opposed by the administration. This year a bill on this subject was introduced the first day.

Several bills propose to stimulate expansion of voluntary health insurance in various ways, and one measure proposes that the U. S. make grants to schools of nursing and provide scholarships. Under present regulations, payroll deductions for health insurance or any other purpose are not authorized for federal employees. To clear the way for a health insurance program, one measure would specifically authorize U. S. payroll deductions.

Again veterans have their sponsors. Measures propose liberalization of regulations regarding treatment of cancer, leprosy and tuberculosis cases.

One representative wants the U. S. to provide more money for medical care of public assistance cases, and another would increase spending for water pollution control plants by lifting the maximum U. S. contribution per project from a quarter to half a billion dollars.

Social Security: And already some members of Congress are looking

toward social security changes. One bill proposes a broad investigation of the program.

(Editor's note: Too many measures were introduced in the opening flood to permit an orderly report on them in this issue. Later the major bills will be reviewed, and their numbers given so you may obtain copies if you desire.)

The President's State of the Union message contained no new proposals in the health fields aside from the formation of a committee for long-range planning in this and other areas. (See story page 9.)

Only other references to health matters were in brief review of what this country is doing internationally to help control disease, and a remark that, "next year we will be spending increased amounts on health programs."

Separate Messages: As has happened often in the past with Eisenhower, he may discuss any special health-medical proposals in a separate message or messages to Congress later in the session.

However, the whole tone of the State of the Union message was one of financial moderation. The President regretted the necessity for continued heavy spending for defense (\$47 billion earmarked in the budget), and added:

"After we have provided wisely for our military strength, we must judge how to allocate our remaining government resources most effectively to promote our well-being and economic growth."

The following is typical of the tone of the message:

"We do not forget, of course, that our nation's progress and fiscal integrity are interdependent and inseparable. We can afford everything we clearly need, but we cannot afford one cent of waste. We must examine every item of government expense critically. To do otherwise would betray our nation's future."

"We must avoid any contribution to inflationary processes, which could disrupt sound growth in our economy."

Other Congress opening highlights:

• In a surprise move, Former House Minority Leader Joseph Martin (R., Mass.) lost that post to Rep. Charles Halleck (R., Ind.).

• Opposition to the seating of Dr. Dale Alford, Little Rock (Ark.) ophthalmologist, melted away after an agreement to seat him pending a committee inquiry into circumstances surrounding his one-week campaign to unseat Rep. Brooks Hays (D., Ark.).

• Liberal Republicans in the Senate lost out in a move to elect Sen. John Cooper of Kentucky as Senate Minority Leader to fill the post left vacant by former Sen. William Knowland of California. The winner was Sen. Everett Dirksen of Illinois.

• First concrete development in medical legislation was announcement by House Armed Services Committee that it will start hearings on extension of the draft, including the special doctor draft provision, about February 1. However, the committee will consider extension of the \$100 per month special pay provision at a later date.

Research Council Set Up by U.S.

The federal government is going to try a new system for coordinating its \$5 billion a year research program and eliminating some of the waste and confusion.

On instructions from President Eisenhower, a new Federal Council for Science and Technology is being established. The likely chairman is James R. Killian, Jr., who is Eisenhower's top adviser on science and technology and who headed a committee whose recommendations are the basis for the change.

In deciding on an advisory council, the President and the Killian committee rejected the idea of a cabinet-rank Department of Research, which had been pushed by some members in Congress.

Instead, the eight federal departments and agencies now heavily involved in research will be represented on the council. In itself it will have no authority to make changes in research programs, but is expected to make its recommendations effective through publicity and by winning the support of the President and department heads.

The committee spent more than 10 months studying federal research programs. It found a lot it didn't like, declaring in its report:

• Some cabinet members have little or no knowledge of important research programs under way in their departments.

• There are harmful, wasteful administrative procedures and regulations that should be eliminated.

• The practice of awarding limited grants for specific projects should be stopped, and U. S. money allocated to programs and institutions.

• An "inordinate amount of time is being wasted" because often one project will be supported by grants from several agencies, necessitating a great deal of useless paper work.

• The U. S., the committee believes, is spending too little money on basic research. "A relatively small increase . . . by reallocation of funds, could have a tremendous impact on the national science program."

A substantial part of the \$5 billion the U. S. spends annually on research goes for medical investigations. The National Institutes of Health alone are spending \$324 million this year on research.

New Coordinator Named by HEW

A new position, that of departmental coordinator of international affairs, has been set up in the Department of Health, Education, and Welfare.

The objective is to coordinate international activities within HEW itself and improve liaison with other government departments and private groups interested in international programs.

First appointee to the post is Robert A. Kevan, who has been in HEW for a year, and prior to that was special assistant to the chief medical officer in Veterans Administration.

Buildings Planned

Two new buildings at the University of California, Los Angeles, will house the department of nuclear medicine and radiation biology and a rehabilitation unit. The units will cost \$2.5 million and \$4 million respectively.



Wide World Photo
MODEL OF HEART gets a close look from Soviet Deputy Premier Anastas I. Mikoyan during his visit to Detroit. The intra-cardiac manometer, a device for measuring in-heart blood pressure, was developed at the electronic laboratory of Ford Motor Co. in connection with doctors at Ford Hospital.

Electrocardiograms For Pilots Ordered

The government has taken another step in assuring passenger flight safety on commercial airlines.

Starting July 1, pilots in command of scheduled passenger transportation must have an electrocardiogram as part of their regular physical examination. The purpose, according to the Civil Aeronautics Board, is to eliminate "a potential hazard by identifying otherwise undetected cases of myocardial infarction." The new regulation does not apply to co-pilots.

CAB cited several instances where pilots have died in the cockpit in flight or just before takeoff as a result of a heart attack. Three such instances were reported among airline pilots in 1957.

Mass Casualty Packet Developed

An emergency medical packet for use in a mass casualty situation has been developed by the U. S. Army Medical Service. The packet, called Phase I Emergency Medical Treatment Unit, is designed to meet conditions immediately following a disaster when no professional medical help may be available.

Packaged as one unit, the emergency care packet has nine component cartons: 2 master packs containing Dextran and miscellaneous items, 1 fracture pack, 2 burn packs, and 4 wound packs.

<p>OLD REWARD POSTERS</p> <p>NOW, by courtesy of Wells Fargo, we are privileged to offer a limited edition of exact facsimiles of the authentic original rare "REWARD POSTERS." Unique collector's items, they make picturesque decorations to display in your den and recapture the exciting adventure and raw violence of the Old West. 12 posters, all different at 50 cents each, or the entire set of 12 posters for only \$2 while the supply lasts.</p> <p>PIONEER PRESS, Dept. AMA, Harriman, Tenn.</p>	<p>New! WILD GAME COOKBOOK</p> <p>More than 350 exciting recipes how to change wild game and wild fowl into tempting dishes. Also secrets of barbecue, stuffings, gravies, sauces, dressing, game. Only \$1.</p> <p>ANTIQUE GUN PRICES</p> <p>NEW ILLUSTRATED BOOK gives up-to-date prices of over 2,000 American pistols, revolvers. Describes every make, model, from flintlock through automatic. Plus information how to collect old guns, make money, etc. Valuable for Buying, Selling, Collecting. ONLY \$1—POSTPAID. Order Now.</p>
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How To Deduct Medical Expenses

(Editor's note: This is the third article in a seven part series intended to give physicians useful information and tips in preparing their 1958 income tax returns.)

A taxpayer who itemizes his deductions may include medical and dental expenses which exceed 3% of his adjusted gross income.

This deduction is allowed for expenses actually paid during the year for the medical care of the taxpayer, his wife and his dependents, not compensated for by insurance or otherwise.

The amount paid for medicines and drugs may be taken into account as medical expense only to the extent that it exceeds



1% of the taxpayer's adjusted gross income.

Maximum: There are limits to how much may be deducted for medical expenses. On a joint return or the return of a head of a household or a surviving spouse, maximum exemptions are:

If two exemptions are claimed \$5,000

If three exemptions are claimed \$7,500

If four or more exemptions are claimed \$10,000

On a separate return of a taxpayer who is not the head of a household, maximum exemptions are:

If one exemption is claimed \$2,500

If two or more exemptions are claimed \$5,000

The "old age" or "blind" exemptions may not be counted in applying these limitations.

Beginning in 1958, maximum deduction is \$15,000 for a taxpayer who is 65 or older and is disabled, or whose spouse is 65 or older and is disabled and does not make a separate return.

If both are 65 or older and disabled, the maximum deduction on a joint return is \$30,000. But this is limited to \$15,000 for any one taxpayer or spouse.

Definition: Medical expenses are defined as the amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease or of a physical or mental defect.

They include payments made for diagnostic, surgical, hospital, nursing, laboratory, dental, x-ray, obstetrical, therapy treatments, and other similar services. The cost and maintenance of artificial teeth, eyeglasses, surgical appliances, braces are also considered a medical expense.

Although medical expenses include amounts paid for psychiatric care for the purpose of alleviating a mental disturbance or defect, amounts paid for personal analysis of medical students which in some instances is a required part of their training do not qualify.

Transportation: The cost of transportation primarily for and essential to receiving medical care is deductible as a medical expense. Transportation expenses of a parent to accompany a child to get medical care or

Likely Targets

The federal income tax returns of physicians frequently are targets for audits because the doctor's primary income is received in cash.

The principal method of selecting returns for audit involves the mass screening of returns by a group of experienced Internal Revenue agents.

Primarily, they check for deductions and expenses which appear questionable from the face of the return.

taxicab fare to a doctor's office also are allowable.

To be deductible, transportation expenses must be essential to medical care and not merely incidentally related to it.

Insurance: The cost of membership in Blue Shield and Blue Cross plans, as well as commercial hospitalization and medical insurance premiums may be included in computing medical expenses.

The cost of life insurance or disability insurance which provides for loss of earnings is not a medical expense. Premiums paid for accident and health insurance which does not provide reimbursement to the insured for medical expenses is also non-deductible. However, if an accident and health policy covers both loss of earnings and medical expenses, an allocation may be made of the premium between the two types of coverages.

(Next issue: Professional Income and Expense.)

Malpractice Litigation Termed Big Business

A Cleveland, O., attorney asserts that in view of the recent growth of malpractice suits, physicians must do a great deal more to improve their public relations.

R. Crawford Morris, whose paper was read at a forum on "The Doctor and His Practice," sponsored by the Erie County (Buffalo, N.Y.) Medical Society and William S. Merrell Co., noted that 5,000 malpractice cases are now being tried each year with thousands of other cases settled out of court.

Verdicts are "more alarming," the paper continued, with sums of more than \$200,000 being awarded in some cases.

Big Business: All in all, Morris concluded, "medical malpractice litigation has come of age and is now big business."

Morris reported his experience has shown that 95% of the malpractice cases are "completely unmerited," 3% are merited, and 2% are "blood-money" cases where the patient was looking for trouble from the beginning and a chance for easy money.

According to Morris, the unmerited cases result as a combination of two factors:

"First, an untoward result so that there has been considerable pain and suffering and second, superimposed upon the first, poor public relations either on the part of the defendant-doctor himself, or quite often upon the part of a subsequent treating doctor, who upon viewing a poor result unthinkingly exclaims, 'My heavens, who did this to you?'"

Best Protection: Morris declared that the best protection against a malpractice suit is a good relationship with the patient. He added:

"Be considerate of your patients, remembering that their reaction to what you say as well as what you do is important and is governed by a complicated emotional behavior pattern developed over years of sometimes bitter experience.

"The words you speak may not convey to the patient's mind the communication you intended in your mind.

"Be as careful with your tongue as you are with your scalpel."

Morris said historically the law has protected the physician in malpractice suits by requiring the patient to prove the case against him by expert testimony of another doctor.

Exception to Rule: An exception to this protective rule, he continued, has been known in law as "res ipsa loquitur" which translated from the Latin means "the thing speaks for itself."

This ruling is used where the events in question are so simple that a lay jury would have an intelligent opinion of its own on the matter so that the patient need not produce an expert medical witness on his behalf.

Morris declared that recently the rule of "res ipsa loquitur" has been distorted by some courts and extended beyond its true limits.

This, he said, has more often than not resolved the decisions in favor of the patient-plaintiff because the pain and suffering he suffers naturally wins the jury's sympathy.

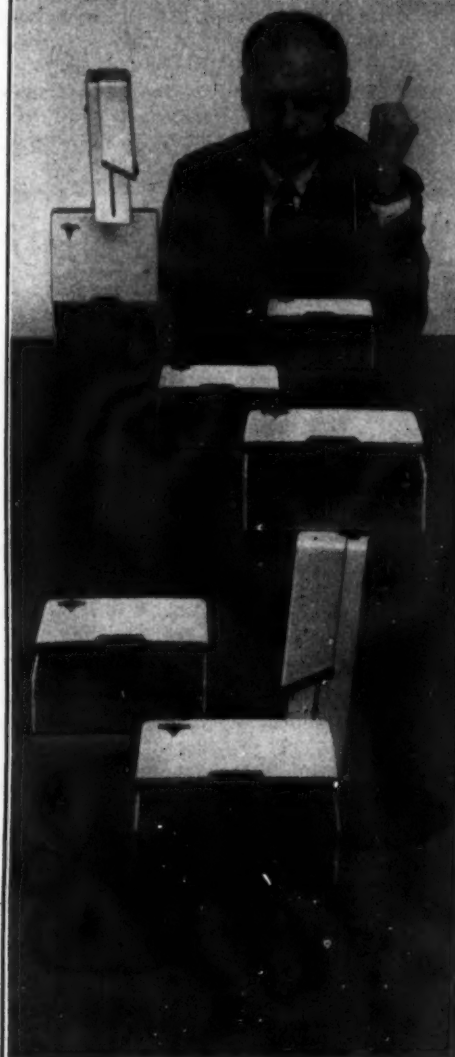
Rule of Sympathy: The attorney termed the extension of "res ipsa loquitur" by the courts as a "rule of sympathy." He warned that the end result of applying the "rule of sympathy" to medical practice is to make the physician an insurer of good results in every operation performed, which is impossible and which is a thing the law has never required. He concluded:

"The safeguard of the law 'she who affirms must prove,' and in malpractice cases 'must prove actual negligence by expert medical testimony' is sound and should be preserved."

Convention Scheduled

Hawaii's third Mid-Pacific druggist convention will be held May 25 to 28 at the Princess Kaiulani Hotel at Honolulu. The convention is a joint one of the Hawaii Pharmaceutical Assn., the Hawaii Retail Druggist Assn., the Hawaii Medical Service Representatives, and the Drug Wholesalers of Hawaii.

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Hospital Ethics Code Revised

A revised code of ethics for hospitals and hospital administrators has been released by the American Hospital Assn. and the American College of Hospital Administrators.

The new code replaces one produced and adopted in 1939 by the two groups.

The revised code provides that hospitals should:

- Provide the best possible care and treatment to all in need of hospitalization.

- Seek through care and health education to extend life, alleviate suffering, and improve the general health of the communities they serve.

- Maintain harmonious relationships within the organization to insure proper environment for care of patients.

- Appreciate, respect individual religious practices of the patient.

- Conduct educational projects, stimulate research, and encourage preventive health practices in their communities.

- Cooperate with others in promoting health of the nation.

- Give public a factual and objective interpretation of accomplishments and objectives without disparaging the work of others.

- Support, encourage methods of easing financial burdens of illness.

- Be fair, honest, impartial in all business relationships.

- Be progressive in policies, personnel practices, and efforts to maintain up-to-date equipment, methods and standards of performance.

The principles of conduct for the hospital administrator call for dedication to the highest possible level of performance in care of the sick.

In relationships with the medical staff, the administrator is advised to support that which is in the interest of good hospital professional practice and to oppose that which is, in his judgment, destructive or unwise.



U. S. Navy Photo from UPI
A DOSIMETER, used to determine exposure to ionizing radiation, is read by Navy Nurse Lt. Cmdr. Anne Check at the National Naval Medical Center, Bethesda, Md. The Center's Nuclear Nursing Division is the first of its kind to offer a special course in nuclear medicine for military nurses.

30 Million See 4 AMA Movies

Nearly 30 million television viewers are estimated to have seen four movies produced by the American Association which have been shown on stations throughout the U. S.

The movies are *Helping Hands for Julie*, *Whitehall* 4-1500, *Medicine Man*, and *Even for One*.

Leo E. Brown, director of AMA's Communications Division, reported these figures for the movies:

Julie, part of an effort to recruit ancillary personnel, 88 telecasts in past 5 months, seen by 2.9 million people. This was made in cooperation with American Hospital Assn. and E. R. Squibb & Sons.

Whitehall, describing AMA, 111 telecasts in past year, seen by 6.2 million people.

Medicine Man, dealing with food faddism, 48 telecasts in 3 months, audience of 1.2 million.

Even for One, showing importance of relying on family doctor, 482 telecasts during 18 months, audience in excess of 19 million people.

New Guide to Drugs

If a physician is hard pressed to keep up with the vast amount of new pharmaceuticals and the many drugs for identical or similar uses, he has an easy way out.

The solution to his dilemma is the 1959 edition of *New and Non-official Drugs*. This book offers concise, convenient, up-to-date views of the AMA Council on Drugs on most of the pharmaceuticals in current use.

Value of the book was summed up in this way by Dr. Harold D. Kautz, council secretary:

"In today's era of polytherapeutics, the current edition of *New and Nonofficial Drugs* should be almost indispensable, if not a must for the practicing physician.

"The new edition provides in cumulative, classified, indexed and bound form, a concise reference to authoritative information on new drugs.

"Most important of all, it gives the council's unbiased descriptions of the actions, uses, limitations, hazards, routes of administration and dosage of drugs."

New and Unofficial Drugs may be ordered directly from the publisher:

J. B. Lippincott Company
East Washington Square
Philadelphia 5, Pa.

The book costs \$3.35 which, of course, is tax deductible.

First Blood Bank Directory Issued

For the first time, the country now has a comprehensive directory of blood banks and similar facilities.

It is a product of the Joint Blood Council, formed three years ago to set up a national blood program and bring order and standardization to the processing of blood.

The document lists banks, hospitals, clinics and other institutions engaged in the collection, processing and distribution of blood and its derivatives. It gives all essential facts, such as type of facility, type of ownership, how blood is collected, what services are offered and other information.

Institutions and organizations that cooperated in furnishing information will be mailed copies of the report. Other interested parties may obtain copies for \$1.50 by addressing the National Blood Council at 1832 M Street, N.W., Washington 6, D. C.

Dr. Leonard W. Larson, Bismarck, N. D., chairman of the AMA's Board

of Trustees and president of the joint council, declared:

"The directory supplies vital information long needed by physicians, hospital staffs and others associated with the practice of medicine. We now for the first time have a central reference and index to institutions and agencies concerned directly or indirectly with the therapeutic use of blood and its derivatives. We are grateful for the cooperation we received and are satisfied that the information presented is as complete as possible at this time. We are looking forward to listing virtually every blood facility in the United States in future revisions of the directory."

Making up the council, in addition to the AMA, are the American Association of Blood Banks, the American Hospital Assn., the American National Red Cross, and the American Society of Clinical Pathologists.

Functions of Nurses Widened in 50 Years

What functions may a professional nurse legally perform?

The answer to this question is of vital importance to a physician since he may be responsible for the negligent acts and omissions of nurses employed by him or working under his direction.

Essentially, the statutes of the vari-

ous states define professional nursing as involving the application of nursing skills and carrying out treatment prescribed by a licensed physician.

This does not identify the specific techniques in which a nurse may engage, but the lawmakers probably should be commended for their flexible definition.

The art and functions of nursing are constantly expanding and a precisely drawn statutory definition would have been unable to keep pace with professional realignments.

Changes: Judicial decisions in the past 50 years reflect the development in the nursing profession and its expanding responsibilities in the wake of medical progress.

Today, there are numerous functions formerly performed by physicians which are now frequently performed by registered nurses under the supervision or direction of a physician. These include:

- Administering intravenously or intramuscularly.
- Performing x-ray treatments.
- Oxygen inhalation.
- Basal metabolism tests.
- Anticoagulant therapy.
- Administering of blood transfusions.

On the other hand, the order of a

physician purporting to delegate authority to a nurse to perform an abdominal operation, an amputation, or to perform any similar procedure would be considered invalid by the medical and nursing professions as well as the courts.

Duties: Professional nurses have a legal duty to interpret facts and to use discretion in evaluating the patient's requirement. Based on their observations, nurses should be able to determine the following:

- When to call a physician.
- When to discontinue treatment where there is evidence of its harmful effect upon an unconscious patient.
- How to determine the patient's need for sedation within the doctor's instruction.

Emergency: In an emergency anyone, and not necessarily a professional nurse or physician, may render first aid or perform medical acts to preserve life and limb.

But one who renders aid in an emergency is under legal duty to act as a reasonably prudent person.

The nurse who is available at an accident determines whether the injured should receive emergency treatment or wait until the physician arrives. This is a vital diagnosis, comparable in importance to most of

those which physicians are called upon to make.

However, except for first aid treatment and the responsibility to take such measures which will prevent aggravation of the patient's injury or illness, therapeutics are within the exclusive domain of the doctor and beyond the pale of nursing practice.



MODERN NURSE has increased her scientific knowledge as her art and functions expand in the wake of medical progress.



50 YEARS AGO the nurse worked hard, but her technical functions were very limited compared to today's highly trained nurse.

Navajo Medicine Men Cooperate With MDs

When a Navajo Indian on the reservation is sick, he probably will call both on a modern clinic and his tribal medicine man.

This is particularly true in an 800 square mile area around a clinic at Many Farms, Ariz., where a research team from Cornell University Medical College has been at work since July, 1955. Within the area live 2,400 Navajo Indians.

"The Navajo has not abandoned his old tribal medico-religious customs," said Dr. Kurt W. E. Deuschle, member of the Cornell faculty and associate project director. "They are most apt to come to the clinic with acute diseases of children. In the case of adults and children with chronic diseases they are more apt to start with their medicine man."

Indians on Staff: The clinic is staffed with two physicians, U.S. Public Health Service nurses, anthropologists, and with Navajos trained as practical nurses. The research project is financed by USPHS and the Navajo Tribe.

Infectious diseases are the Navajos big health problem with a high death rate among infants under one year old from pneumonia and diarrhea, reports Dr. Deuschle. If the Navajo infant survives the first year or two, he has a good chance of living to old age, Dr. Deuschle added.

Cornell's team also has found anemia and congenital hip disease to be major problems among children on the reservation.

Tuberculosis still is a big problem but it is rapidly coming under control. Five years ago it ranked number one among diseases. Now it rates about fifth.

Nutrition Studied: Adults have a fairly high incidence of gall bladder disease. Dr. Deuschle thinks this may be related to diet and water uses of the Navajos. Nutrition is one of the things being studied by the Cornell team.

Sanitation by modern standards is bad and the Navajos still live in their

primitive hogans with no windows and dirt floors.

The Navajos and their medicine men are cooperating "100 per cent" in the efforts to improve health standards, reports Dr. Deuschle. Improvement in the death rate and success in treating TB have helped the white MDs gain acceptance. Medicine men will interrupt their ceremonies to allow medicine to be administered and the medicine men themselves come to the clinic for treatment of their illnesses.

Medicine Dance: "The medicine man is a sort of priest of their society and as such treats psychosomatic illnesses which we cannot," Dr. Deuschle explained.

The "medicine dance" each spring and fall is a sort of Navajo clinic. Ailments the medicine man failed to treat successfully, as well as those the patient "saved" for the occasion, are treated by non-specific dancing and chants. When these don't work, the Navajo realizes that he is a very sick Indian and resignedly seeks help from the white MD.

Progress in health is being made all over Navajo country—some 25,000 square miles in Arizona, New Mexico and Utah.

New hospitals for the Indians have been built at Tuba City and Winslow, Ariz., and Shiprock, N.M. Health centers are being constructed at Chinle and Kayenta, Ariz., and Tohatchi, N.M. A 200-bed hospital at Gallup, N.M., is planned.

It is not an easy matter for a reservation Navajo to see an MD, even if the Navajo fully accepts the doctor. Roads are almost non-existent on the sprawling reservation. An Indian must be in desperate need of help before he makes the long journey to one of the federal or private health facilities.

The water problem is a factor in Navajo health. Water is scarce and Indians must haul their water many miles. It is used sparingly and carefully husbanded. It becomes stagnant but the Navajos drink it anyway.



THE OLD AND NEW AMONG NAVAJOS is contrasted here. In top picture, Mark Belone, Navajo medicine man, sprinkles sacred herbal medicine on a group of patients during a "sing" to drive away evil spirits. The patients became disturbed when lightning struck the same tree twice on their Tucson, Ariz., hospital grounds. In the lower picture, Nurse Harriet Curley takes the pulse of a Navajo patient waiting in the dispensary of the modern Sage Memorial Hospital at Ganado, Ariz., deep in Navajo Country.

Homemakers Meeting Set

A National Conference on Homemakers Services will be held Feb. 10-11 at Chicago's Edgewater Beach Hotel with the AMA acting as one of the sponsors.

Homemakers Services—in conjunction with medical care, visiting nurse services, and auxiliary medical services—enable individuals and families to remain in their homes during illness and other emergencies.

Such home care often permits economies in providing adequate care and in maintaining the family's integrity. This is especially important in the care of the rapidly growing old-age population.

Purposes of the conference are to increase the effectiveness of existing Homemakers Services and to promote development of these services by local and voluntary agencies.

Other sponsoring groups include the U. S. Dept. of Health, Education and Welfare and the American Cancer Society.

Dope Addiction Decreases

With the exception of a few cities—principally New York, Chicago, Detroit and Los Angeles—narcotic addiction is on the decrease, according to Commissioner Harry J. Anslinger of the Federal Narcotics Bureau.

"As a result of the combined efforts of local, state and Federal narcotic agencies," he reports in an article in the *FBI Law Enforcement Bulletin*, "the current general picture of the narcotic problem in the United States appears more favorable than at any time during the past several years."

Anslinger attributes the improvement largely to a law passed by Congress in 1956. It provides more drastic penalties for seller and smuggler, minimum mandatory sentences, 10 years to life for sale to a minor, and immunity to witnesses. It also eliminates parole, probation, or suspended sentences.

Statistics compiled by the bureau indicate most addicts are under middle age: 2% under 18 years; 10% between 18 and 20 years; 60% between 21 and 30.

Heroin, coming primarily from

Communist China, continues to be the favorite drug of addicts in this country, Anslinger says.

"While most countries are making some effort to control the illicit traffic in narcotic drugs," he declares, "in Communist China we find a different situation. We find a communist regime encouraging this vicious traffic as a means to obtain foreign exchange and as a weapon to demoralize the free people of the world."



U.S. To Study Health Goals

President Eisenhower will appoint a committee from outside government to establish long-range goals for the country in health, education, civil liberties, and other fields. He outlined his plans in his State of the Union message to Congress.

Making up the group will be representatives of the professions, education, management, and finance. From such a committee, the President believes, would come national objectives "that would not only reflect the brightness of our finest dreams," but also "meet the stern test of practicality."

"The new committee," Eisenhower said, "would be concerned, among other things, with the living standards of our people, their health and education, their better assurance of life and liberty and their greater opportunities." It would also be concerned with methods to meet such goals and what levels of government—local, state, or federal—should be responsible.



Travel Guide

Winter Vacations—Where To Go



THIS QUIET POOL and its tropical setting in the Bahamas is a perfect spot to absorb sunshine and large portions of rest and relaxation.



SHIPS AND SEA are a fascinating part of the fabric of Jamaica. This visitor looks out over Kingston Harbour, one of the world's finest.

In the weeks ahead, many physicians will take their own prescription for rest and relaxation—a winter vacation at some coastal, desert, or mountain resort. But they won't be alone. All told some 20 million people will spend \$4.5 billion on winter vacations.

They'll relax on sandy beaches, cruise the Caribbean, ride the range on a dude ranch, ski down a mountain, or sock a golf ball on a palm-studded course.

Florida Comeback: Florida, with 17,000 new hotel and motel rooms, expects the most visitors—about 4.5 million. The estimate is based on the weather which is much warmer than a year ago when tourists went to Florida for the winter—and found it. New York-to-Miami jet travel is now available at no extra fare.

Reservations at some hotels in Mexico City and Acapulco are up 25% because of expanded airline schedules. Gulf Coast cities in Mississippi, Louisiana, and Texas also expect more winter tourists.

New Orleans will be a mecca for visitors, particularly next month at Mardi Gras time. Arizona resorts expect 5% more winter tourists than a year ago, and the influx of tourists already has started in California.

Four million Americans will ski at 250 resorts. Many states have added new ski centers. One popular spot is Squaw Valley, Calif., where facilities are being built for the 1960 Winter Olympics.

Jet Boost Travel: The big tourist rush to South America is expected to start in 1960 when jet planes will cut travel time by many hours.

Bermuda, oldest self-governing colony in the British Commonwealth, celebrates its 350th anniversary this year, and the observance during the year features a schedule of events designed to suit a wide variety of tastes and interests.

The Caribbean countries, with 1,850

new hotel rooms, expect 700,000 American visitors the first three months of this year. Last year tourists spent an unprecedented \$50 million discovering the unspoiled islands of the West Indies chain. Many of the smaller isles, with their sun-swept sands, inviting surf, and modern hotels are made to order for the traveler in search of peace of mind and a leisurely vacation.

The French West Indies islands are Martinique (1,325 mi. from Miami), Guadeloupe, and the latter's small dependencies. Martinique (Pop. 250,000) is truly France in the Caribbean. Temperature varies between 75 and 80, and you'll find creole foods like calalou herb soup, sights like St. Pierre, a city of 26,000 destroyed within a minute when Mt. Pelee erupted in 1902. Cock-fighting every Sunday at Guadeloupe.

A Bit of Holland: The six Netherlands Antilles are Curacao, Aruba, Bonaire, St. Maarten, Saba, and St. Eustatius. Curacao, a bit of Holland in the emerald Caribbean, has houses

with narrow gables in the style of 17th-century Holland. The cosmopolitan city (Pop. 121,000) lies 38 miles off the coast of Venezuela. From December through March, average temperature is just below 80. It's a shopper's paradise with many fine shops rivaling the best New York has to offer.

Jamaica, two hours from Miami by jet plane, combines gracious living with old-world charm. Rafting on the Rio Grande is one of the island's unique pleasures. Native limbo dancers and fire-eaters provide nightclub thrills. Doctor's Cave, founded by Alexander James McCarty, M.D., is one of the world's best bathing beaches.

Calypso Tempo: Life in Trinidad, southernmost island in the Caribbean, goes merrily to the tempo of calypso music. Port-of-Spain (Pop. 120,000), the capital, is 700 miles north of the equator, within sight of the South American mainland. Mean temperatures are 84 by day, 74 by night. Night life is what you make it in

Trinidad. Saturday night dancing at the Coral Beach Club continues all day Sunday—if you have the stamina. Two unusual industries are the famous Pitch Lake and Angostura Bitters. The island is a mecca for botanists and flower lovers.

The recent revolution in Cuba, largest of the Greater Antilles, may affect winter tourist trade in that popular resort.

Some think of the Bahamas as just Nassau, but there are more than 700 islands and about 2,000 cays and rocks large enough for home building in the vast Bahamian archipelago. Water sports and fishing are popular. February events include the Miami-Nassau 185-mile ocean yacht race, the Nassau Cup Race, and annual Headdress Ball.

If you like to mix deep sea fishing, lobster propping or turtling with lolling on the beaches, then include Grand Cayman in your Caribbean holiday.

Here's where to write for winter vacation information on the Caribbean countries:

All Countries: British West Indian Airways, 6 East 45th St., New York 17. Cuba: Cuban Tourist Comm., 610 Fifth Ave., New York City.

French West Indies: French Govt. Tourist Office, 610 Fifth Ave., New York 20.

Jamaica: Jamaica Tourist Board, 35 South Wabash, Chicago.

Nassau: Bahamas Development Board, 620 Fifth Ave., New York 20.

Netherlands West Indies: N.W.I. Tourist Bureau, 475 Fifth Ave., New York 17.

Trinidad-Tobago: Trinidad Tourist Board, 48 East 43rd St., New York 17.

Vacation Travel, Hotel Costs

Transportation: All sorts of all-expense package cruises are available. Minimum prices: Miami to Havana, three days, \$55; New York to Bermuda, eight days, \$200; Los Angeles to Honolulu, 11 days, \$230. One airline offers these round-trip fares: Miami to Barbados, \$217.40; between Miami, Grand Cayman, Jamaica, San Juan, St. Thomas, and St. Kitts, \$147.20; New York to Antigua, \$205.40; New York to Trinidad, \$287; from New York-Bermuda gateway with stop-overs in Bermuda, San Juan, St. Thomas, St. Kitts, Jamaica, and Nassau, \$221.45.

Hotels: Double rooms in Palm Beach and Miami Beach, Fla., luxury hotels run upward to \$75 a night, but plenty of hotel and motel rooms can be found from \$6 to \$12. Rooms for two in New Orleans and other Gulf Coast cities start from \$7 to \$12. Some Arizona dude ranches start at \$110 a week for two, including meals. California oceanside resorts average \$12 to \$14, average double rooms at Palm Springs \$16. Doubles in Kingston, Jamaica from \$13 to \$50 a day, resort cottages from \$70 to \$700 a month. In Port-of-Spain, Trinidad, hotels from \$3 to \$35 a day; in Havana doubles from \$5 to \$25, in Nassau from \$12 to \$52.

Strict Quarantine Follows Smallpox in Germany

Public Health Service foreign quarantine stations have been advised to enforce strictly all smallpox regulations on persons arriving from Western Europe.

Reason for the action was an outbreak of smallpox in Heidelberg, Germany, last month which took two lives and placed nine persons in quarantine. PHS gave this version:

A physician who had been visiting India developed symptoms, including pustular eruption. He was met at the train in Heidelberg by two physicians

and was hospitalized immediately. The other two doctors also became ill and were hospitalized.

As a result of the PHS order, 29 American babies and their mothers arriving by air from Europe were quarantined at the PHS hospital, Stapleton, L. I. None of the babies was known to have smallpox, or was any known to have been in contact with smallpox cases in Germany.

The outbreak also prompted U. S. authorities to order smallpox booster shots for 50,000 American military

personnel in Southwest Germany.

Smallpox vaccinations are recommended every three years. Other immunization schedules for adults are:

• Typhoid—booster every three years.

• Tetanus—booster at the time of each injury where danger of tetanus exists, or at least once every five years in the absence of such injuries.

• Diphtheria—immunization is not recommended except in cases where person shows no immunity after exposure to special risks.

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Medicolegal

Autopsy Requires Written Consent

A physician who performs or participates in an unauthorized autopsy is subject to criminal prosecution.

Authorization for an autopsy must be obtained from the person entitled to custody of the corpse. The deceased's surviving spouse or next of kin usually has custody of the body.

Although a non-written consent for an autopsy may be legally sufficient in some states, a physician should not perform an autopsy without a specific written consent or authorization which he can produce as proof in the event of a subsequent challenge to his authority. (Sample forms are available from AMA's Law Division.)

Coroner: When death is due to violence or casualty or there is reasonable ground for believing that it has been caused in that way, the right to custody of a dead body vests immediately in a public official known as the coroner or medical examiner.

When this official has legal control of a body, he has the authority to perform an autopsy and is entitled to the body in the condition it was at the moment of death.

Therefore, it is important that a physician should not undertake to perform an autopsy without the consent of the coroner or medical examiner when the body is properly within the official's jurisdiction.

This holds true even though the surviving spouse or next of kin may have consented to the autopsy.

Jurisdiction: If the coroner or medical examiner authorizes the performance of an autopsy on a body which is not within his jurisdiction, he and those who perform the autopsy at his direction are liable to the surviving spouse or next of kin.

Therefore, it is equally important for the physician that he does not undertake to perform an autopsy on the basis of authority from the coroner or medical examiner unless he is sure that the official has jurisdiction over the body.

Limitations: All autopsies must be performed in a manner which shows decent respect for the body. In the absence of a specific restriction, consent to an autopsy by implication authorizes the physician to conduct it in the usual and approved manner. He may remove for examination such parts necessary to accomplish the purpose of the autopsy.

Salk Shot Campaign Reaches 115,702

Doctors of the Honolulu County, T.H., Medical Society gave 115,702 inoculations in their 15-month Salk vaccine program, to make the Island of Oahu one of the best protected areas in the U.S.

The Honolulu Chapter of the National Foundation contributed \$14,000 to start the program in October, 1957.

A professional manager handled operations and staff nurses were paid. However, doctors donated their services for all group inoculations. Shots were \$2 for those able to pay and free for those unable to pay. More than 8,000 free shots were given, and hundreds more were given for whatever individuals could contribute.

As a result of the campaign, the Island of Oahu has somewhat better than 60 per cent of its people with one or more Salk vaccine shots.

They'll Do It Every Time

By Jimmy Hatlo



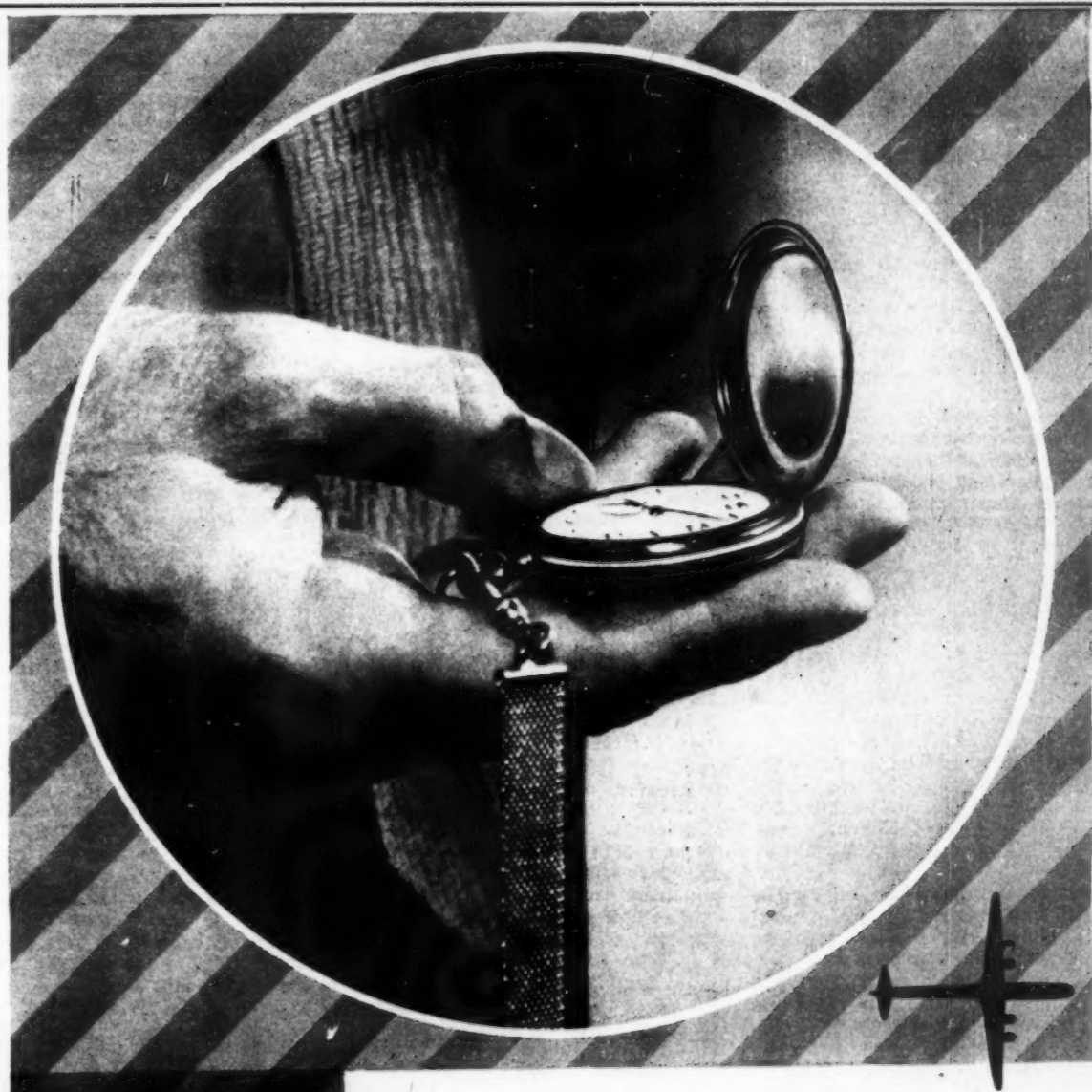
AMA Publishes 112-Year Digest

Publication of a digest of official actions of the American Medical Association's House of Delegates for a 112-year period, from 1846 through 1958, has been announced by the AMA.

First edition of the publication, which will be available soon, will contain more than 300 broad title classifications with complete cross references of all the House of Delegates actions.

The book will be a composite of all actions by subject classification, showing clearly the most recent actions and current policy.

Special pre-publication price is \$5. A copy may be reserved now by writing: Circulation and Records Dept., American Medical Association, 535 North Dearborn St., Chicago 10, Ill.



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Dr. Coffin and Garroway

GP Discusses Specialism

Dr. Lonnie A. Coffin, AMA's General Practitioner of 1958, recently appeared on a network television program and made these observations:

- Medicine has become too highly specialized.
- There is danger of socialized medicine.
- There will be dramatic medical advances in the near future.

The Farmington, Iowa, doctor appeared on the seventh anniversary program of Dave Garroway's TV show, *Today*, with such distinguished guests as architect Frank Lloyd Wright, rocket expert Krafft Ehrliche, poet Mark Van Doren, and the UN's Ralph Bunche.

Developments Listed: Participants were asked to list the most important developments in their field in the past seven years and what they expected to see in the next seven years.

Dr. Coffin, the first GP of the Year to represent medicine on Garroway's anniversary shows, listed the outstanding developments as wonder drugs, oral treatment of diabetes, heart surgery, Salk vaccine, and the perfection of various laboratory techniques.

Asked by Garroway if he believed the profession had become overspecialized, Dr. Coffin replied:

"Yes, I think medicine probably has become too highly specialized for the good of everybody concerned. I think the general man could possibly treat 80% of all sickness, and do it very well."

He said the greatest need for the small community was more general practitioners and that this could be arranged by putting a chair of general medicine in the medical schools.

Day or Night: Dr. Coffin said there was danger of socialized medicine, but that it could be stopped very easily. He explained:

"Take care of sick people when they're sick, whether it's day, whether it's night, whether it's Sunday, or whether it's Monday."

"Charge them a fee they can afford. If we do these things, I don't think there'll ever be a type of socialized medicine."

The general practitioner declared that advances in medicine will be as dramatic as progress in space technology.

"In the few years to come," he said, "we will probably have something for cancer."

Construction Starts

Work has begun on a five-story, \$2 million wing of the Women's Medical College, Philadelphia. The new wing, designed primarily for research, is to be completed in 1961.

Dr. Salk Calls For Judgment, Public Understanding

Dr. Jonas E. Salk, in an analysis of the preparation and administration of poliomyelitis vaccine, has described a "temporary situation that will require the exercise of judgment by practicing physicians and health officers, and understanding by the public as well."

Speaking at the Scientific Symposium on Polio Vaccine, University of Michigan School of Public Health, Dr. Salk said his study of the occurrence of paralytic polio in some people who have had three doses of vaccine leads him to suggest:

- "That the use of vaccines of less than optimal potency may well be the

principal reason for the occurrence of paralytic polio in persons who have had three doses of vaccine."

- "That the attainment of potency levels of an order of magnitude sufficient to induce the desired effects after one or two doses is practically feasible."

- "That widespread application of a fourth dose could be expected, in a great many instances, to compensate for the deficiencies in the effects induced by three doses of ... less than optimal potency."

- But that "the solution of the problem of vaccination against polio is not by multiple doses of weak vaccine" but rather by three doses of more potent vaccine.

Spokesmen for Eli Lilly and Co. and Pitman-Moore Company, when asked for comment on Dr. Salk's paper, said their vaccines will give full protection to about 80% of those who receive three shots properly spaced.

The Pitman-Moore spokesman added:

"We feel that the most important problem at the present time is to get some 40 million people under 39 vaccinated. We are unaware and uninformed of any potency problem with our product. If there are any new developments by Dr. Salk we would be most happy to adopt them at the earliest possible moment."

Both pharmaceutical companies said they have continued to increase the potency of their vaccines and that any change in the vaccine would be a matter for the National Institutes of Health which sets standards for manufacturers.

Dr. Roderick Murray, director of the division of biological control at National Institutes of Health, Bethesda, Md., told *The AMA News* that all manufacturers of polio vaccine have been meeting standards and the potency has been going up.

Polio Goals Outlined

Local anti-polio campaigns must be organized immediately and physicians must do their share to see that vaccination programs are as effective this year as they were in 1957.

This message to the nation's doctors was delivered by Dr. Gunnar Gundersen, president of the AMA, at the Scientific Symposium on Polio Vaccine, University of Michigan School of Public Health, Ann Arbor.

In another speech Dr. Alexander D. Langmuir, chief of the epidemiology branch, Communicable Disease Center, Atlanta, called for careful surveys in every city to locate unimmunized areas.

Neighborhood Plans: He said the rise in incidence of paralytic polio in 1958 was the result of a failure of application which could be remedied by well planned organization on a local neighborhood basis.

"All evidence points," Dr. Langmuir said, "to the limitation of the paralytic form of the disease largely to unvaccinated or only partially vaccinated persons."

Dr. Gundersen said "we no longer are dealing with the problem of vaccinating the American public—we must vaccinate the uninformed, the indigent, and the complacent." He suggested these approaches:

- The uninformed must be told re-

peatedly that the vaccine is safe, potent, and effective.

- The indigent must be given their shots through departments of welfare and other official agencies.

- The complacent must be told that they are a health hazard to their community and nation.

Conclusions Cited: Dr. Gundersen cited the following conclusions of a special polio conference called by U. S. Public Health Service:

- All decisions relating to polio inoculation programs should be made locally and implemented by cooperative efforts.

- AMA, State and Territorial Health Officers Assn., and National Foundation should stimulate development of such programs on the local level.

- USPHS will assist in local programs wherever possible and will publicize the safety of the vaccine.

- In some areas crash programs may be necessary depending upon the number of unvaccinated individuals, their age groups and social characteristics.

The Ann Arbor meeting, which marked the opening of the 1959 March of Dimes and included the National Conference of State Teenage Program Chairmen, also was sponsored by the National Foundation.

National Secretary Named by ASIM

Robert L. Richards has assumed his new duties as the first full-time national executive secretary of the American Society of Internal Medicine. Office of the Society is in San Francisco.

Since 1947, Richards has been on the staff of The Medical Society of the State of Pennsylvania. Since December, 1956, he served as assistant executive director.

He is a graduate of Gettysburg College and served as an officer in the U.S. paratroopers during World War II.

The ASIM has 5,000 members and was organized in Boston in 1957.

AMEF Collects \$1,133,654

The nation's 85 medical schools early in February will receive their share of the record \$1,133,654 contributed to the American Medical Education Foundation during the past year.

U. S. physicians topped 1957 contributions by 15%. The grants are made to the schools with no restrictions as to how the money must be spent.

Contributions to AMEF since it was established in 1951 now total \$7,873,000. In 1957 the gifts totaled \$984,000.

December 1958 set a record for one month with contributions of \$540,000. Illinois again led the states with \$177,500 which represents \$25 for each physician in the state.

AMEF's record is "evidence of or-

ganized medicine's increasing concern over the financial plight of its schools," said Dr. Gunnar Gundersen, president of the American Medical Association.

Even as 1958's successful year was reported, state chairmen met in Chicago to plan 1959's campaign. Dr. Hugh Hussey, dean of the Georgetown Medical School, Washington, D. C., was the keynote speaker. Dr. George F. Lull, AMEF president, also spoke.

Insurers Pay Record Health Care Benefits

A record \$4.8 billion in health care benefits was paid by all insuring organizations during 1958.

The estimate was made by Health Insurance Institute which said 1958's total surpassed the 1957 benefit payment figure of \$4.2 billion by more than 14%.

The number of Americans protected against the costs of hospital and doctor bills through insurance company programs, Blue Cross-Blue Shield and other health care plans remained at an estimated 121 million, according to the Institute.

The Institute said 40% of the people over 65 now have health insurance.



NATIONAL LIBRARY of Medicine, shown above in a preliminary drawing, will be completed in 1961. The library is operated by the Public Health Service. The new structure, to be built on the grounds of the National Institutes of Health in Bethesda, Md., will have 232,000 square feet of space on five levels. The 85th Congress appropriated \$7 million for the construction.

Scanning the News

Fat Chance: A fat man's chance of permanently shedding excess weight is less than a cancer victim's chance of a lifetime cure. One nutrition authority says 95% of all obese people who successfully diet away killing pounds are as fat as ever in 10 years. Over the same span of life, one-third of all patients treated for cancer remain free of new malignancies.

MD Authors: Some physicians have been victimized by book publishers who demand that the author pay publishing costs of the manuscript. Federal Trade Commission has found many such cases to be fraud. "Publisher" collects fee from would-be author for publishing book. The few hundred copies of the book that are printed are shelved to collect dust. There is no promised promotion or distribution.

Fewer Babies: For the first time in eight years, fewer babies are being born in U. S. National Office of Vital Statistics estimates 4,248,000 births in 1958—a decline of 53,000 or 1% from 1957's record. Despite fewer total births, attributable to decrease in marriages in '57, statisticians estimate that the trend toward larger families which started in 1950 is continuing.

Footprints: All Air Force personnel soon will be doubly identifiable—by footprints as well as fingerprints. Airmen's feet often go unscathed in air disasters, because they are clad in bulky flight boots. Air Force is following the example of maternity hospitals which have long used footprints to keep new-born babies straight.

Gout: Even teetotalers and meager eaters may fall victim to gout, although an acute attack of gout may be triggered by overindulgence in food or drink, according to Arthritis and Rheumatism Foundation. A new booklet *About Gout* is available at 10c a copy from the Foundation at 10 Columbus Circle, New York 19.

Statue: The bronze statue of Dr. Florence R. Sabin, pioneer Colorado public health figure (See *AMA News*, Sept. 22, 1958) will be placed in Statuary Hall in the Capitol in Washington, D. C., Feb. 26. During a five-year drive to raise funds for the memorial, 15,000 Coloradans gave \$19,000.

Blue Cross: A proposal by Blue Cross of Northeastern Ohio to extend to some policyholders insurance against the cost of drugs, needed by patients for two weeks after being discharged from a hospital, was rejected by Ohio State Insurance Commission.

Driver Tests: Psychological traits of automobile drivers are being studied by Columbia University's Safety Education Institute for a clue to accidents. With a series of tests to measure anti-social traits, drivers and potential drivers could be classified as probable violators and probable non-violators, spotlighting accident causers before they get behind the wheel.

Addicts: Hepatitis and tetanus are spread among drug addicts who use a "common needle," reports New York City Dept. of Health. In 1958, it recorded 101 hepatitis cases among addicts with four deaths. Of seven cases of tetanus, five were addicts—all died.

Outstanding

Jaycees Honor 3 Young Doctors

Three physicians are among America's Ten Outstanding Young Men of 1958 honored by the U.S. Junior Chamber of Commerce in ceremonies Jan. 17 at Fort Lauderdale, Fla.

The three physicians:

• **Dr. James T. Grace Jr.**, 35, Williamsville, N.Y., cited for his research on cancer at Roswell Park Memorial Institute in Buffalo, N.Y. Said the Jaycees, "His many hours in the laboratory beyond an ordinary working day and through weekends are a measure of the devotion to research which has resulted in important new knowledge directly applicable to the care and treatment of cancer victims."

• **Dr. Richard T. Smith**, 34, Gainesville, Fla., cited for his work in pediatrics. The Jaycees commented, "His revolutionary discoveries have saved an inestimable number of lives. Due to his efforts, staphylococcal gastroenteritis is not so likely to sweep through a hospital nursery killing new born infants. Children suffering from rheumatism and arthritis now have a brighter future because of his work."

• **Dr. Hugh Edward Wilson III**, Dallas, Tex., cited for work in cardiac surgery. The Jaycees noted, "Dr. Wilson has developed methods of treating many types of heart disease which heretofore could not be corrected. In the research center he developed the heart-lung machine, . . . by-passing blood for a period during surgery so that the heart may be stopped and opened to repair defects under direct vision."

Others honored by the Junior Chamber of Commerce were Harry A. Kissinger, 35, Harvard University political scientist; Lt. Shepherd M. Jenks, 31, navigator of USS Nautilus; Donald A. Glaser, 32, University of Michigan physicist; Warren H. Phillips, 32, managing editor of the *Wall Street Journal*; Loren Edward Schnack, 32, Adams County, Ill., judge; Gus Turbeville, 35, Ashland, Wis., college president; and Pat Boone, 24, New York singer.

The Jaycees named five physicians among their Ten Outstanding Men in 1957.

Americans Like Them

Two world-renowned physicians are among the 10 men whom Americans admire the most. They are Dr. Albert Schweitzer and Dr. Jonas Salk.

Dr. Schweitzer ranked third and Dr. Salk eighth in a poll taken by George Gallup, director, American Institute of Public Opinion.

In a similar poll taken a year earlier, Dr. Schweitzer had ranked fifth and Dr. Salk sixth.



Dr. Schweitzer



Dr. Salk



OUTSTANDING YOUNG MEN are, left to right, Drs. Richard T. Smith, James T. Grace Jr., Hugh E. Wilson III.

Chamber 'Aircade' To Cite Health Insurance for Aged

Evidence that the increasing coverage of aged persons by voluntary health insurance has made proposed compulsory Social Security medical benefits less justified than ever, will be outlined to business men across the country in February by the 1959 "Aircade" of the U. S. Chamber of Commerce.

The "Aircade" consists of a series of all-day meetings held in 12 cities between Feb. 9 and 27 by a team of Chamber officials and staff specialists traveling by chartered plane.

The meetings are intended to help business men work more effectively with Congress on major legislative issues.

16,000 Attended: Chamber President William A. McDonnell will head the team. Arch N. Booth, Chamber executive vice president, will conduct the meetings and lead discussion.

Two previous series of "Aircade" meetings in 1957 and 1958 were attended by more than 16,000 business men.

In presenting the case for voluntary medical programs for the aged, the Chamber will point out that today nearly 40% of persons 65 and older are covered by health insurance, as compared with only 20% ten years ago.

New insurance plans, especially tailored to the financial requirements of aged persons, have recently been offered by insurance firms. Hence, the Chamber maintains that the need for a national compulsory medical care program under the Social Security system can be seriously questioned.

Other issues: The Chamber will also stress that this proposal violates a basic principle of Social Security because there would be no relation between the amount of health benefits and the previous earnings of the beneficiary.

Other Social Security issues to be dealt with by the "Aircade" team will be proposals to add still more benefits to the program, and to exclude a worker's social tax payments from gross income for income tax purposes.

Benefits already in the law will require an 80% boost in social taxes between now and 1969.

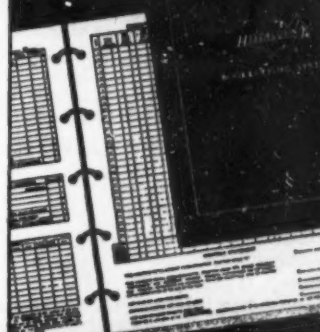
Exclusion Unjustified: The Chamber holds that exclusion of social taxes from gross income for income tax purposes is unjustified because Social Security benefits already are tax-free.

This year's "Aircade" also will launch the Chamber's Political Participation Program to help business men play a more effective role in the political parties of their choice.

Here is the "Aircade" schedule:

Philadelphia, Feb. 9; Rochester, N. Y., Feb. 10; Toledo, Feb. 11; Atlanta, Feb. 13; Houston, Feb. 16; Colorado Springs, Feb. 17; Santa Monica, Feb. 19; San Francisco, Feb. 20; Tacoma, Feb. 24; Butte, Feb. 25; Chicago, Feb. 26; and St. Louis, Mo., Feb. 27.

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Congressmen May Ask— How's Medicare Now?

What's happening to Medicare?

The answer is not easy to come by, but some time shortly Brig. Gen. Floyd Wergeland will likely be called before a House Appropriations Subcommittee and asked to try to explain.

What he says, and what the congressmen subsequently do about Medicare will be of great importance to several million service families and many thousands of physicians.

The troubles are not of Gen. Wergeland's making. Congress initiated them last year when it insisted on holding down the appropriations for the civilian phase of Medicare to \$72 million, in the face of sound evidence that the previous year's costs were about \$90 million. Gen. Wergeland inherited the headaches last summer when he became head of the Army's Office for Dependent Medical Care.



Restrictions imposed: To carry out the congressional mandate, the Defense Department ordered that starting last October dependents living with their military sponsors were to use military facilities where available. Other restrictions also were imposed, all designed to meet congressional demands that more use be made of military hospitals and military physicians.

There have been complaints. If, in response to them, the new Congress decides that the regulations took away too many of the benefits Congress itself had promised the service wives and children, it can ease up on the purse strings. Medicare officials then will be able to restore some of the privileges. If Congress decides the dependents are not being imposed upon, it can order Gen. Wergeland to continue to hew to the economy line.

Here are some of the facts about Medicare that will be available for the congressmen:

- The program paid out \$89.5 million to civilian physicians and hospitals between July 1, 1957, and June 30, 1958, first full fiscal year it was in operation. From last July 1 through November, Medicare has paid out \$32 million.

- Even now, Medicare officials have

- almost no indications as to how much money is being saved by the restrictions. It will be February or March before a trend appears. Physicians' bills come in at such a slow pace that it is five months before 90% of the claims are received.

- There is no information on how many dependents just decided to continue with private medical care, paying the bills themselves, rather than shift to military medical care.

- From December, 1956, start of Medicare, through last November a total of \$145 million had been paid out to civilian physicians and hospitals. The average monthly hospital patient load approximated 30,000 during the last fiscal year, but it is going up steadily.

- Gen. Wergeland won't say that his \$72 million will last out the year and he won't say that it will be exhausted before next July 1. He will merely say: "I am confident the money will be provided."

There is one factor over which Gen. Wergeland and the other Medicare officials have no control. Even though the numerical strength of the three military services is undergoing a steady decrease, more young dependents show up every month.

More Children: "It may be the service families all at once decided to have more children," comments Gen. Wergeland. "It may be more married men are deciding to remain in uniform, which, after all, is one of the main objectives of Medicare. I just don't know what explains it, but I do know there are more children every time we look up."

Here are the statistics on that point: In January, 1957, the armed forces totaled 2,787,461 personnel. A year later the total had dropped to 2,613,360. That is a decrease of about 6.5%. In 1957 there were about 2,900,000 dependents. A year later there were 3,200,000. That is an increase of about 10%.

And there is not much Congress can do about that.



1958 RESEARCH DOG AWARD is given to Big Ben by Dr. Robert F. Ryan, instructor in surgery at Tulane University School of Medicine. Standing by are A. L. York, 3, and his brother, Leslie, 8, of New Orleans, present masters of the dog. The National Society for Medical Research honored the mixed-breed dog for being the subject of experiments at Tulane which showed the perfusion technique could be used in the battle against cancer in human limbs and organs.

Stating It Briefly

Medicolegal: "Traumatic neurosis" will be a feature of the second Medical-Legal Symposium sponsored by New Mexico Medical Society. The program at Albuquerque Jan. 24 was planned for the society by AMA's Law Division.

Smog Warning: Los Angeles County Medical Assn. issued warning smog is injurious to public health and represents "an imminent danger of catastrophic proportions." Society called for removing air pollutants wherever possible.

Surgeon Emeritus: 82-year-old Dr. J. E. Tuckerman became chief surgeon emeritus of Cleveland's Euclid-Glenville Hospital after 51 years on the staff. He remains a surgical consultant.

GP Honored: Minnesota State Medical Assn. named Dr. Charles L. Sherman, 82, Luverne, as its General

Practitioner of Year. He still practices after 58 years.

Doctors' Stand: 419 physicians at Atlanta, Ga., signed statement calling for public schools to remain open despite racial crisis. They specified they were speaking as individuals.

50-Year Doctors: Six Greater Cincinnati physicians have been honored by the Academy of Medicine of Cincinnati for completing 50 years of practice. They are Drs. Adam P. Basinger, Kurt Tschiasny, Edgar B. Snyder, Fred H. Finlaw, S. Bertha Dauch, and E. M. Strasser.

Not Programmed: San Diego County, Calif., Medical Society pulled a switch on a local television station. The society presented station KFMB-TV with a plaque for its interest in community service. The station has presented society's TV program, "Your Doctor Answers," for 5½ years.

Acting Chauffeurs: Members of Auxiliary to Muskingum County, Ohio, Medical Academy served as chauffeurs in effort to recruit nursing students. The women drove more than 1,000 miles taking nuns from Good Samaritan Hospital School of Nursing, Zanesville, to high schools in area.

Public Rates Hospitals

Most New Yorkers feel their hospitals are up to date scientifically and professionally but are falling behind in human and personal relations.

Eighty-one per cent of the people surveyed concerning attitudes toward hospitals gave the institutions good ratings on scientific matters. But 44% indicated dissatisfaction with the hospitals' personal relationships.

The survey was made by Elmo Roper and Associates for the United Hospital Fund of New York City.

When the people were asked to rate hospitals on 13 points, the lowest seven points were all in the area of human and personal relations, Roper reported. Doctors serving in hospitals received the highest rating.

Most people think about hospitals in personal, first-hand terms but the survey indicated people do not think of the hospital as the "hub of community health," said Roper.

The survey indicated that the public is not as concerned with hospital costs as much as it is with the premium cost of hospitalization insurance. Roper said a sizeable segment of the public seems willing to pay substantially more for their protection if they can be assured that the benefits provided will meet their full needs for hospital care.

Oldest Practicing Doctor Dies at Age 100 in Texas

The oldest practicing physician in the United States, Dr. John B. Cummins of Fort Worth, Texas, died Dec. 31 at the age of 100.

He entered a hospital one week before his death for a checkup. Two days later, as he was dressing to leave the hospital, he slipped and fell, fracturing ribs and his right hip.

Dr. Cummins, who always insisted that he would retire the day he died, kept practicing to the day he went into the hospital.

He never varied his 8 a.m. to 5 p.m. office hours pace and still made house calls. His byword was: "Go if you feel like it, go if you don't—just keep going."

Less than two months ago he journeyed to Cookeville, Tenn., where he spent his boyhood. He celebrated his 100th birthday on Nov. 7 in the house where he lived while the nation still was fighting the Civil War.

During this trip the old doctor took his first airplane ride.

His last honor came from the Southern Medical Assn., which paid tribute to Dr. Cummins at its annual meeting in New Orleans. Dr. Cummins attended the SMA meeting before going to Tennessee.

Dr. Cummins was featured in "Men in Medicine" in the Oct. 6 issue of *The AMA News*.

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Boiler Room Brokers Tap MDs; Top Stocks, Outlook For 1959

Physicians should be on guard for "boiler room" stock brokers. In the last six months Securities & Exchange Commission has cracked down on 56 "boiler room" operations — double the rate for full fiscal year ending last June 30, when 57 actions were begun. Among prime targets for these promotion schemes were MDs, lawyers, school teachers, and widows.

A "boiler room" broker is one who uses fraud or misrepresentation in selling securities of questionable worth. The name comes from the din of their high-pressure offices—usually bare office space with battery of phones manned by fast-talking salesmen.

The recent stock market boom has made it easy for boiler room operations. When prices are rising, everyone wants to get in on the ground floor of "sure things."

These salesmen usually try to sell by telephone, promise everything. Stocks offered are labeled as "bargains" and "rare opportunities." Salesmen claim a rise in price is upcoming because of mysterious government contracts or other "inside information." Usually it is a one-shot operation. After salesman sells one block of stock, he vanishes.

Pay-As-You-Go: Americans have bought nearly 2.7 million shares of common stock, costing about \$100 million, through monthly investment plans since that pay-as-you-go program was begun five years ago.

Dividends: Profits of corporations—now running at the rate of about \$21.6 billion a year after taxes—may hit rate of \$25.9 billion by end of this year. Greater profits will result from (1) rising output (2) economies put into effect during recent recession. Rise in profits promises record dividends for stockholders. Despite this some economists warn: Invest cautiously, do not plunge.

Stock Market: The stock market entered the new year at around the highest levels in history, after a sensational rise in '58. Industrial stocks measured by Dow-Jones average, were 30% higher early this month than year ago. Some issues doubled in a matter of months. Will this trend continue? Most authorities think not.

Bonds vs. Stocks: Near the close of the year average return on industrial stocks was 3.27% while average return on high-grade corporate bonds was 4.07%. At the market high in September, 1929, the figures were: stocks 3.47%, bonds 4.80%. In January, 1953: stocks 5.18%, bonds 3.02%. There are bargains in bonds now available for investors. Investment counselors say you can get a tax-free return on some municipal bonds that is substantially higher than the fully taxed return on many common stocks. Likewise you can buy high-grade corporate bonds yielding a higher return than many leading common stocks. But it's

well to remember: As interest rates climb, market values of older bonds drift lower.

Stock Prices: Stocks up more than 50% from 1958 lows to mid-December included carpets and rugs, drugs, radio-TV manufacturers, office and business equipment, steel, railroads, rubber goods, food chains, farm machinery, trucks, and aluminum.

Business Outlook: Experts predict that 1959 will be a good year, over all. They see record-breaking spending for goods and services, record income for individuals, record year for retail trade, more industrial production, higher profits, high employment, near-stable living costs, construction boom. Business in first quarter of '59 is expected to be better than at any time in '58.

Population: In last year the world's population has increased by 47 million—China gained 15 million, Russia 3.6 million, U.S. 2.6 million. Estimated world population by 1980: 4 billion.

\$ Value: Today the dollar in your pocket is worth 48c. In terms of what it will buy, the dollar has lost more than half its value since 1939. Shrinkage in the last year has been about 2%. But worst shrinkage may be over for a while. President Eisenhower is determined to put a stop to inflation. That's the real meaning of his fight for balanced budget.

Interest: Dallas and Fort Worth, Texas, banks have increased interest rates on saving accounts from 2½% to 3%. And an economist, Roy L. Rrierson, Bankers Trust Co., New York City, says heavy demand for bank loans is likely to exert "additional upward pressure on short-term interest rates in 1959."

Mail Order: The Big Three mail order companies are emphasizing lower prices in their new catalogs. Reductions range from 2% to 31%, and will remain in effect until March 2.

New Coin: A new Lincoln penny, first really new penny in 50 years, will be distributed Feb. 12. Portrait of Lincoln on face of coin will be unchanged, but reverse side will show Lincoln Memorial. More than 25 billion Lincoln coins of present design have been minted in past 49 years.

Miscellany: Americans are drinking coffee weaker. In 1950, they squeezed 52 cups from a pound. Today: 64 cups . . . Transcontinental jet air flights became available this month . . . A good year is in prospect for chemical and allied industrial, according to U.S. Dept. of Commerce . . . What's new: 8-transistor portable radio for long-range reception, even in cars, planes, trains, and boats . . . New York Stock Exchange has a new booklet, *The Stop Order—A Guide for the Careful Investor*. Single copies available without charge. Address the Exchange at 11 Wall St., New York 5.



Dr. Franklin C. Yoder

Socio-Economic Director Named

Dr. Franklin C. Yoder of Cheyenne, Wyo., has been named director of the Division of Socio-Economic Activities of the American Medical Association.

Dr. Yoder will assume his duties on a part-time basis until July 1, said Dr. F. J. L. Blasingame, AMA executive vice president, in announcing Dr. Yoder's appointment.

PH Director: Dr. Yoder comes to AMA from the Wyoming Department of Public Health where he has been director since 1947. He was in private practice in Cheyenne from 1940-42 and 1945-47. He served as a flight surgeon in the Army Air Force during World War II.

He assumes direction of a new AMA Division which will include the Bureau of Health Education, Economic Research Department, the Councils on Industrial Health, National Defense, Medical Service, and Rural Health, and the medical representatives at Washington, D. C.

Dr. Yoder was president in 1957 of the Association of State and Territorial Health Officers and served as the group's secretary-treasurer in 1954-56. He was a member of the U. S. delegation to the World Health Organization in 1957.

Editor of Section: He is a member of the Western Interstate Commission on Higher Education, the Board of Directors of the American Cancer Society's Wyoming Division, and the Health Resources Advisory Committee of the Office of Civil and Defense Mobilization.

He also is editor of the Wyoming Section of the *Rocky Mountain Medical Journal*.

Dr. Yoder received his doctor of medicine degree from Northwestern University in 1939 and a master of public health degree from the University of California in 1948.

Dr. and Mrs. Yoder have three children.

Winner Named

Dr. Robert F. Rushmer, professor of physiology and biophysics at the University of Washington School of Medicine, has been named winner of the 1958 Ida B. Gould Memorial Award for Research on Cardiovascular Problems. The announcement was made at the annual meeting of the American Association for the Advancement of Science. The \$1,000 award is given annually for "outstanding accomplishment in heart research."

Press Important, Physicians Told

The director of press relations for the American Medical Association, speaking in Utah, urged physicians and their public relations people to work more closely with newspapers, magazines, and television and radio stations.

John L. Bach from the AMA's Chicago headquarters spoke recently at a dinner meeting of presidents and secretaries of component societies of the Utah State Medical Assn. in Salt Lake City.

Dr. U. R. Bryner, president of the Utah association, served as chairman.

Work Together: "Until we work together," said Bach, a former staff writer for Associated Press, "we cannot expect all media of public information to support medicine's many projects which are aimed at providing good medical care to the American people."

"Get better acquainted with the media people in your community," suggested Bach, adding:

"Writers are pretty nice people when you get to know them. They are well educated and intelligent and are aware of their responsibility as disseminators of information. Nearly all of them try to be careful in what they say. They seldom misquote and never do it intentionally."

"You'll gain more if you learn to know them well. Get your relationship on a first-name basis. Don't ignore them—and never fight with them."

Ethics Change: "Medical communication, like the science of medicine itself, is ever-changing, never at rest. Styles are changing at a faster and faster rate. What were considered violations of medical ethics only as far back as five years ago are no longer considered infringements. The Principles of Medical Ethics have been changed several times during the last few years and each time they are more liberal in interpretation."

Bach reported that an average of 23 medical stories appear each month in publications with circulations of more than one million, indicating the public's "good appetite" for medical science news.

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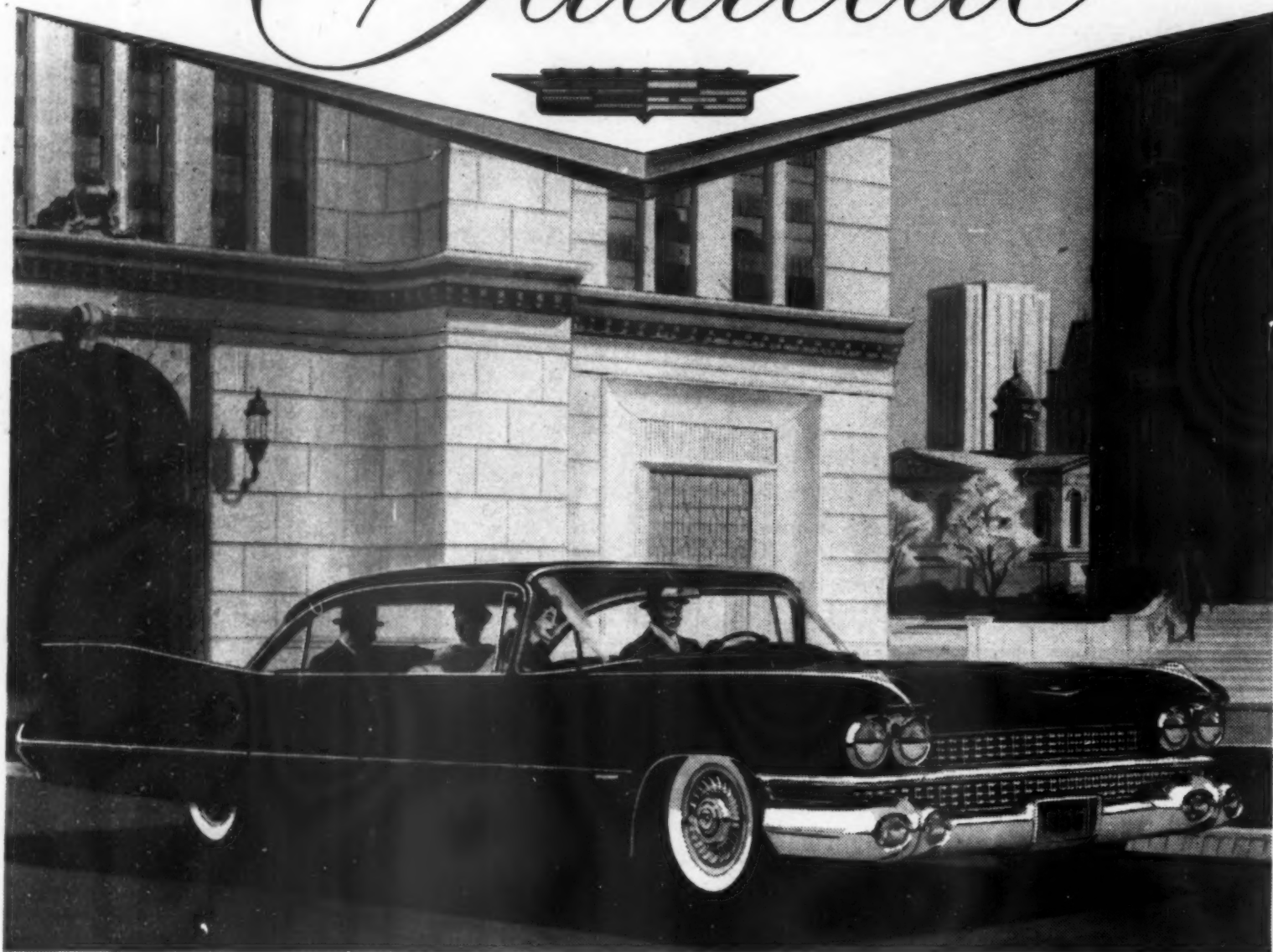
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touch and so smooth and silken in action that even the longest journey is always a pleasure to anticipate—and a genuine joy to recall.

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Well, we'll have to confess that there are *some* ways in which this new Cadillac is very much like its distinguished predecessors. There is the great quality of its craftsmanship, for instance . . . its remarkable dependability . . . and its extraordinary economy of ownership.

But with these exceptions, Cadillac for 1959 is unique!

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